MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03300

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8

**1. PLACE OF DEATH:**
COUNTY: Wash. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. Co. Hosp.

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE: md. COUNTY: Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 824 Washington Ave.

**3. NAME OF DECEASED:** (Type or Print) (First) Mary (Middle) Helen (Last) Armstrong

**4. DATE OF DEATH:** (Month) March (Day) 18 (Year) 19 53

**5. SEX:** female

**6. COLOR OR RACE:** White

**7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):** Widowed

**8. DATE OF BIRTH:** March 31, 1883

**9. AGE last birthday:** 69 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): house wife

**10b. KIND OF BUSINESS OR INDUSTRY:** own home

**11. BIRTHPLACE** (State or foreign country): Graceham, FredCo. Md.

**12. CITIZEN OF WHAT COUNTRY?**

**13. FATHER'S NAME:** George Thomas

**14. MOTHER'S MAIDEN NAME:** Sarah Arns

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) no (If Yes, give war or dates of service)

**16. SOCIAL SECURITY NO.:** - -

**17. INFORMANT & ADDRESS:** Miss Alice Armstrong, Hagerstown, Md.

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

| | | Interval Between Onset and Death |
|---|---|---|
| 334X Immediate cause | (a) Bulbar apoplexy, Embolus | 4 days |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last | DUE TO (b) Embolus, ? Funeral art | 3 days |
| | DUE TO (c) Pneumonia, hypostatic | 4 days |

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive CVD - Obesity — Indef

**19a. DATE OF OPERATION:**

**19b. MAJOR FINDINGS OF OPERATION:**

**20. AUTOPSY?** Yes ☐ No ☐

**21. ACCIDENT / SUICIDE / HOMICIDE** (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1950 to 3-18, 1953, that I last saw the deceased alive on 3-18, 1953, and that death occurred at 1:52 P.M., from the causes and on the date stated above.

SIGNATURE: Kent F. Keadle — (DEGREE OR TITLE) MD — ADDRESS Hagerstown Md — DATE SIGNED 3-20-53

**23. BURIAL, CREMATION, REMOVAL** (Specify): burial — DATE THEREOF: 3-21-53 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery — LOCATION (City, town, or county) (State): Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR: Mar. 20, 1953 — REGISTRAR'S SIGNATURE: Chas. H. Bowers

**24. FUNERAL DIRECTOR** — ADDRESS: Scott F. Minnich & Son, Hagerstown

RECEIVED
MAR 23 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03301

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hagerstown
LENGTH OF STAY (in this place) 6 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hag. Rt. 6

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wash
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hagerstown
STREET ADDRESS (If rural give location) Hagerstown Rt. 6

3. NAME OF DECEASED: (Type or Print) (First) Jennie (Middle) (Last) Bailey

4. DATE OF DEATH: (Month) Mar (Day) 16 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Aug. 23, 1872

9. AGE Last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Mahanoy City Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Wilds

14. MOTHER'S MAIDEN NAME: Margaret Moore

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: ---

17. INFORMANT & ADDRESS: Mrs. Tom C. Reynolds Hag. Rt. 6

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170X

Immediate cause (a) Metastatic carcinoma of both lungs — Interval Between Onset And Death uncertain - ? 6 mo.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) probably from breast

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive cardiovascular disease, Diabetes mellitus — Junknown

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-16, 1951, to 3-16, 1953, that I last saw the deceased alive on 3/13, 1953, and that death occurred at 6.05 P.M., from the causes and on the date stated above.

SIGNATURE John H. Stonebraker M.D. (Degree or title) ADDRESS 154 W. Washington St - Hagerstown Md. DATE SIGNED 3/17/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Mar. 19-53 NAME OF CEMETERY OR CREMATORY Protestant Cemetery LOCATION (City, town, or county) (State) Mahanoy City Pa.

DATE REC'D BY LOCAL REGISTRAR Mar. 17. 1953 REGISTRAR'S SIGNATURE Elizabeth Bowers

24. FUNERAL DIRECTOR Scott F. Minnich & Son ADDRESS Hag. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 19 1953
BUREAU VI

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03302

## CERTIFICATE OF DEATH

Reg. Dist. No. 303

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AN5 8-

**1. PLACE OF DEATH:**
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Hagerstown Md #2
LENGTH OF STAY (in this place) 2yrs 1 Month
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gateway Nursing Home

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE Pa COUNTY Franklin
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waynesboro
STREET ADDRESS (If Rural, give location) 334 W. Second St

**3. NAME OF DECEASED:** (Type or Print) (First) Ottie (Middle) Grace (Last) Baker

**4. DATE OF DEATH:** (Month) 3/30 (Day) (Year) 1953

**5. SEX:** F

**6. COLOR OR RACE:** W

**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** W

**8. DATE OF BIRTH:** Feb. 13 1880

**9. AGE last birthday:** 73 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): House Duties

**10b. KIND OF BUSINESS OR INDUSTRY:**

**11. BIRTHPLACE** (State or foreign country): Franklin Co, Pa.

**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13. FATHER'S NAME:** David Barnhart

**14. MOTHER'S MAIDEN NAME:** Susan Gossert

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) (If Yes, give war or dates of service)

**16. SOCIAL SECURITY No.:**

**17. INFORMANT & ADDRESS:** Mr. Roy Baker, Waynesboro Pa. Wife Legal

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

422.1

Immediate cause (a) Chr. Myocardial Sclerosis — Interval Between Onset and Death: 1½ yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — ~~DUE TO~~ (b) Chr. Cerebral Sclerosis — 1½ yrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION:**

**19b. MAJOR FINDINGS OF OPERATION:**

**20. AUTOPSY?** Yes ☐ No ☑

**21. ACCIDENT / SUICIDE / HOMICIDE** (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 11, 1951 to Mar. 30, 1953, that I last saw the deceased alive on Mar. 29, 1953, and that death occurred at 3:00 P.M., from the causes and on the date stated above.

SIGNATURE, DEGREE OR TITLE, ADDRESS: David R Brewer M.D Clear Spring Md. — DATE SIGNED: 3/30/53

**23. BURIAL, CREMATION REMOVAL** (Specify): Burial — DATE THEREOF: 4/2/53 — NAME OF CEMETERY OR CREMATORY: Green Hill — LOCATION (City, town, or county) (State): Waynesboro Pa.

DATE REC'D BY LOCAL REG. Mar 30-53 — REGISTRAR'S SIGNATURE: Leroy M. Fockler (Deputy Local)

**24. FUNERAL DIRECTOR** ADDRESS: Walter Y. Grove, Waynesboro Pa.

RECEIVED
APR 9 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Dr Hirshman 03303

# CERTIFICATE OF DEATH

Reg. Dist. No 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 6 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 436 McDowell Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 436 McDowell Ave

3. NAME OF DECEASED: (Type or Print) (First) EDWARD (Middle) DAVID (Last) BARNHART

4. DATE OF DEATH: (Month) Mar (Day) 23 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: Jany 23 1875

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if Retired): U.S. Navy Retired Gunners Mate

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Leitersburg Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: David G. Barnhart

14. MOTHER'S MAIDEN NAME: Virginia Fry

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W.W.#1

16. SOCIAL SECURITY No.: No Record.

17. INFORMANT & ADDRESS: Mrs Gertrude Berger

Spanish American

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Coronary occlusion or Broken Heart Disease — Interval Between Onset And Death: Immediate

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Hypertension — Interval Between Onset And Death: 4 years

DUE TO (c) — Interval Between Onset And Death: years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 9, 1953 to March 23, 1953, that I last saw the deceased alive on March 20, 1953, and that death occurred at 10:15 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) MD ADDRESS Hagerstown Md DATE SIGNED 3/24/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 3/26/53

NAME OF CEMETERY OR CREMATORY Lutheran Cemetery

LOCATION (City, town, or county) Leitersburg Md (State)

DATE REC'D BY LOCAL REGISTRAR Mar. 25, 1953

REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR Andrew K. Coffman

ADDRESS Hagerstown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 27 1953
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

03304

Reg. Dist. No. 305

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

**1. PLACE OF DEATH:**
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (In this place): 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington County Hospital

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE: Md. COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 133 Mc Comas

**3. NAME OF DECEASED (Type or Print):** (First) Anna (Middle) May (Last) Bond

**4. DATE OF DEATH:** (Month) 3 (Day) 15 (Year) 19 53

**5. SEX:** female

**6. COLOR OR RACE:** white

**7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):** married

**8. DATE OF BIRTH:** Apr. 14, 1908

**9. AGE last birthday:** 44 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):** housewife

**10b. KIND OF BUSINESS OR INDUSTRY:** home

**11. BIRTHPLACE (State or foreign country):** Smithburg, Md.

**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13. FATHER'S NAME:** John R. Pepple

**14. MOTHER'S MAIDEN NAME:** Bertha Wissinger

**15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)** no (If Yes, give war or dates of service)

**16. SOCIAL SECURITY NO.:** none

**17. INFORMANT & ADDRESS:** Thomas H. Bond, Sr. Hagerstown, Md.

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause (420.0) | (a) Arteriosclerotic Heart Disease | 1 yr. |
| Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last | DUE TO (b) Nephrosclerosis | Years. |
| | DUE TO (c) Generalized Arteriosclerosis & Hypertension | years. |

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION:**

**19b. MAJOR FINDINGS OF OPERATION:**

**20. AUTOPSY?** Yes ☐ No ☐

**21.** ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 52, to March 15, 53, that I last saw the deceased alive on March 15, 53, and that death occurred at 8 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Phys. ADDRESS Hagerstown Md. DATE SIGNED 3/16/53

**23. BURIAL, CREMATION, REMOVAL (Specify):** burial — DATE THEREOF 3-18-53 — NAME OF CEMETERY OR CREMATORY: Rest Haven — LOCATION (City, town, or county) Hagerstown (State) Md.

DATE REC'D BY LOCAL REG. Mar. 17. 1953 — REGISTRAR'S SIGNATURE Chas. H. Boevers

**24. FUNERAL DIRECTOR** Fred W. Kraiss — ADDRESS Hagerstown, Md.

RECEIVED
MAR 19 1953
BUREAU V. S.

305

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 3 D 10

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Smithburg
LENGTH OF STAY (in this place) 2 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Smithburg Md R.D. 2

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Smithburg Md
STREET ADDRESS (If rural, give location) Smithburg Md R.D. 2

3. NAME OF DECEASED (Type or Print) (First) Samuel (Middle) Keiffer (Last) Boppe

4. DATE OF DEATH (Month) Mar. (Day) 21 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 1-13-1881
9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Washington Co. Md
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Samuel Boppe
14. MOTHER'S MAIDEN NAME Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 217-30-6453
17. INFORMANT AND ADDRESS Mrs Keneth Green Smithburg Md R.D. 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) arterio-sclerosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary occlusion

(c)

INTERVAL BETWEEN ONSET AND DEATH (?) Few minutes

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION ✓
19b. MAJOR FINDINGS OF OPERATION ✓
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) 0 m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1953, to 3/21, 1953 that I last saw the deceased alive on 3/19, 1953 and that death occurred at 8:30 a.m., from the causes and on the date stated above.

SIGNATURE Peter D Miller (Degree or title) ADDRESS [illegible] D MILLER 13[illegible] [illegible]GTON ST [illegible] DATE SIGNED 3/23 1953

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3-24-1953
NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery
LOCATION (City, town, or county) Hagerstown (State) Md

DATE REC'D BY LOCAL REG. Mar. 24, 1953
REGISTRAR'S SIGNATURE Geo. W Ferguson
24. FUNERAL DIRECTOR Rest Haven Funeral Chapel Inc. ADDRESS Hagerstown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3306

# CERTIFICATE OF DEATH

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**1. PLACE OF DEATH:**
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown.
LENGTH OF STAY (in this place): 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Co. Hospital

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE: Md. COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Big Pool, Md. Rural
STREET ADDRESS (If rural, give location):

**3. NAME OF DECEASED:** (Type or Print) (First) Oliver (Middle) Clinton (Last) Bowers

**4. DATE OF DEATH:** (Month) March (Day) 8, (Year) 19 53

**5. SEX:** Male

**6. COLOR OR RACE:** White

**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** Widowed

**8. DATE OF BIRTH:** April 4, 1886

**9. AGE last birthday:** 66 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): General

**10b. KIND OF BUSINESS OR INDUSTRY:** Work

**11. BIRTHPLACE** (State or foreign country): Pennsylvania

**12. CITIZEN OF WHAT COUNTRY?** U S A

**13. FATHER'S NAME:** Joseph Bowers

**14. MOTHER'S MAIDEN NAME:** Mary Mills

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) (If Yes, give war or dates of service)

**16. SOCIAL SECURITY NO.:** 705-10-5888

**17. INFORMANT & ADDRESS:** Mrs. Clarence Mullin- Clear Spring, Md.

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

44 X

Immediate cause (a) Popliteal embolus, leg, right, with gangrene — Interval between onset and death: 5 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Hypertensive arteriosclerotic heart disease — unknown

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Chronic nephritis, chronic uremia — unknown

**19a. DATE OF OPERATION:** None

**19b. MAJOR FINDINGS OF OPERATION:** None

**20. AUTOPSY?** Yes ☐ No ☒

**21. ACCIDENT / SUICIDE / HOMICIDE** (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-09-m., 19 52., to 03-08-m., 19 53, that I last saw the deceased alive on 03-08-53, 19....., and that death occurred at 4:30 A.m., from the causes and on the date stated above.

SIGNATURE: Curtis Robert Cohen — (DEGREE OR TITLE) MD — ADDRESS: Clear Spring, Maryland — DATE SIGNED: March 09, 1953

**23. BURIAL, CREMATION, REMOVAL** (Specify): Burial — DATE THEREOF: Mar. 11-53 — NAME OF CEMETERY OR CREMATORY: Blair's Valley Cemetery — LOCATION (City, town, or county) (State): Near Clear Spring, Md.

DATE REC'D BY LOCAL REGISTRAR: Mar. 14, 1953 — REGISTRAR'S SIGNATURE: Chas. H. Bowers

**24. FUNERAL DIRECTOR:** Adrian T. Rentzel — ADDRESS: Clear Spring, Md.

VS. A15 8-

MAR 17 1953

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Dr Bell

Reg. Dist. No. 308

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown; LENGTH OF STAY (in this place) 5 Days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown; STREET ADDRESS (If rural give location) 341 South St.

3. NAME OF DECEASED: (First) ROY (Middle) CLEGGETT (Last) BOWERS

4. DATE OF DEATH: (Month) (Day) (Year) March 5 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 7 1887

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Hag Gas Co.

11. BIRTHPLACE (State or foreign country) Toledo Ohio

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel C. Bowers

14. MOTHER'S MAIDEN NAME: Sarah Hines

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) -------

16. SOCIAL SECURITY NO.: 216-07-1188

17. INFORMANT & ADDRESS: Mrs Cora G. Bowers 341 South St Hagerstown Md.

18. MEDICAL CERTIFICATION

| | | Interval Between Onset And Death |
|---|---|---|
| 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | |
| 420.1 Immediate cause | (a) Cerebral thrombosis | 6 days |
| Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. | (b) DUE TO Coronary thrombosis | 8 days |
| | (c) DUE TO | |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | Hypertension & arteriosclerosis | 2 |

19a. DATE OF OPERATION: None 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 26, 1953, to Mar. 5, 1953, that I last saw the deceased alive on Mar. 5 1953, and that death occurred at 10:50 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

R.A. Bell M.D. Hagerstown, Maryland Mar. 7. 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 3/7/53; NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery; LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR Mar 9. 1953; REGISTRAR'S SIGNATURE Grace H. Bowers; 24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman Hagerstown Md.

VS. A15

RECEIVED
MAR 11 1953
BUREAU V. C

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

C-308

# CERTIFICATE OF DEATH

Dr Kneisley

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown

LENGTH OF STAY (in this place) 2 Hrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown

STREET ADDRESS (If rural give location) 123 King St

3. NAME OF DECEASED: (Type or Print) (First) FRANK (Middle) STANLEY (Last) BOWMAN Sr.

4. DATE OF DEATH: (Month) March (Day) 23 (Year) 1953 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 19 1877

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired Freight Agt

10b. KIND OF BUSINESS OR INDUSTRY: B&ORR

11. BIRTHPLACE (State or foreign country): Strasburg Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John S. Bowman

14. MOTHER'S MAIDEN NAME: Mollie Funk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) -----

16. SOCIAL SECURITY No.: 705-07-7988

17. INFORMANT & ADDRESS: Mrs Maude E. Bowman 123 King St Hagerstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

610X

Immediate cause (a) Arteriosclerotic heart diease with congestive /failure — Interval Between Onset And Death: 4 yrs.

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Benign hypertrophy of prostate — 5 yrs.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/3/49, 19..., to 3/23/, 1953, that I last saw the deceased alive on 3/23/, 1953, and that death occurred at 12:10 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] ADDRESS Hagerstown Md. DATE SIGNED (Working Zone) 3/24/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 3/25/53

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) Hagerstown Md. (State)

DATE REC'D BY LOCAL REGISTRAR Mar. 25, 1953

REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR Andrew K. Coffman ADDRESS Hagerstown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

309

Reg. Dist. No. [illegible]

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharpsburg
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sahrspburg Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharpsburg Maryland
STREET ADDRESS (If rural, give location) Sharpsburg Maryland

3. NAME OF DECEASED (Type or Print) (First) Thomas (Middle) Walter (Last) Brashears

4. DATE OF DEATH (Month) March (Day) 16 (Year) 1953

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH Jan 30 1884

9. AGE last birthday 69 yrs. If under 1 year Months 1 Days 15 If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fired Boilers Shops

10b. KIND OF BUSINESS OR INDUSTRY W. M. R. R.

11. BIRTHPLACE (State or foreign country) Sharpsburg

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Thomas Brashears

14. MOTHER'S MAIDEN NAME Sarah Peterman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 705-10-5518

17. INFORMANT AND ADDRESS Mrs Lloyd Shank Maugansville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Shot gun wound into neck.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hemorrhage and shock.

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Boarding House (CITY OR TOWN) Sharpsburg (COUNTY) Wash. (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) Mar. 16 1953 m.

INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐*

SIGNATURE (Degree or title) Schuyler Wells M.D. DEPUTY MEDICAL EXAM WASH. CO. MD.

ADDRESS 115 N. Potomac St. Hagerstown Md.

DATE SIGNED 3/17/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF March 18 1953

NAME OF CEMETERY OR CREMATORY Broadfording Cemetery

LOCATION (City, town, or county) Broadfording Md. (State)

DATE REC'D BY LOCAL REG. [illegible]

REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR Albert L Leaf

ADDRESS Williamsport Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

RECEIVED
APR 6 19
BUREAU

1240
10:39

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 1 Hr
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md Pa. COUNTY Washington Frank.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown, Md Greencastle
STREET ADDRESS (If rural, give location) Washington Co. Hospital RR#3 (Bus. Cert.)

3. NAME OF DECEASED: (Type or Print) (First) BABY (Middle) BOY (Last) BURKHOLDER
4. DATE OF DEATH: (Month) (Day) (Year) MARCH 19 1953
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: March 19, 1953
9. AGE last birthday: — yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Hagerstown, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Jacob Burkholder
14. MOTHER'S MAIDEN NAME: Emma Martin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Jacob Burkholder Greencastle RD 3 Penna.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) Bronchiolar obstruction ~~[illegible]~~ mucous aspirate — INTERVAL BETWEEN ONSET AND DEATH 2 hrs.
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Congenital heart disease not excluded

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from on March 19 1953 to ....., 19....., that I last saw the deceased alive on 3-19, 1953, and that death occurred at 12:40 a.m., from the causes and on the date stated above.
SIGNATURE Robert F. Keadle (DEGREE OR TITLE) MP ADDRESS Hagerstown DATE SIGNED 3-20-53

23. BURIAL CREMATION REMOVAL (Specify): B DATE THEREOF 3/20/53 NAME OF CEMETERY OR CREMATORY Millers Mennonite LOCATION (City, town, or county) near Leitersburg, Md. (State)
DATE REC'D BY LOCAL REG. Mar. 20, 1953 REGISTRAR'S SIGNATURE Chas H Bowers 24. FUNERAL DIRECTOR A. E. Minnich ADDRESS Greencastle Penna.

2033283425

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS AIE 8

RECEIVED
MAR 23 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 C 311

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

**1. PLACE OF DEATH:**
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 417 Beechwood Drive

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE Md COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 417 Beechwood Drive

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) ELIZABETH (Last) BUSS
4. DATE OF DEATH: (Month) March (Day) 28 (Year) 1953

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 12/4/1871
9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): New York City
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ? Fetzmaurice
14. MOTHER'S MAIDEN NAME: ? Quinn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) M (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Joseph Buss Hagerstown, Md

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 151X
Immediate cause (a) Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH 1 yr.
DUE TO
Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/5, 1953, to 3/28, 1953, that I last saw the deceased alive on 3/14, 1953, and that death occurred at 10:05 p.m., from the causes and on the date stated above.
SIGNATURE M. Bear, M.D. (DEGREE OR TITLE) ADDRESS Greencastle, Pa. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): B.
DATE THEREOF 3/31/53
NAME OF CEMETERY OR CREMATORY Cedar Hill Cem.
LOCATION (City, town, or county) Greencastle (State) Pa.
DATE REC'D BY LOCAL REG. Nov. 30, 1953
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR A. E. Minnich ADDRESS Greencastle Penna.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-5

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A16 8-53

**1. PLACE OF DEATH:**
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington County Hospital

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 73 Madison Ave.,

**3. NAME OF DECEASED:** (Type or Print) (First) Ida (Middle) Belle (Last) Cassidy

**4. DATE OF DEATH:** (Month) 3 (Day) 1 (Year) 19 53

**5. SEX:** female

**6. COLOR OR RACE:** white

**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** married

**8. DATE OF BIRTH:** Aug. 7, 1895

**9. AGE last birthday:** 57 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): homeduties

**10b. KIND OF BUSINESS OR INDUSTRY:** home

**11. BIRTHPLACE** (State or foreign country): Pedtonville, Md.

**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13. FATHER'S NAME:** David Reed

**14. MOTHER'S MAIDEN NAME:** Myrtle Hull

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) no (If Yes, give war or dates of service)

**16. SOCIAL SECURITY NO.:** none

**17. INFORMANT & ADDRESS:** Luther Cassidy Hagerstown, Md.

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) 576X Coronary Thrombosis | |
| DUE TO | | |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last | (b) Thrombosis Mesenteric Artery. | 1 wk. |
| DUE TO | | |
| | (c) Coronary Thrombosis. | 2 yrs. |

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION:** 25 Feb'53

**19b. MAJOR FINDINGS OF OPERATION:** Gangrene Small bowel (6 ft)

**20. AUTOPSY?** Yes ☐ No ☐

**21. ACCIDENT / SUICIDE / HOMICIDE** (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 22 Feb 1953, to 26 Mar 1953, that I last saw the deceased alive on 26 Mar. 1953, and that death occurred at 2:50 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) M.D. ADDRESS Hagerstown DATE SIGNED 3/2/53

**23. BURIAL, CREMATION, REMOVAL** (Specify): Burial — DATE THEREOF 3-4-53 — NAME OF CEMETERY OR CREMATORY: Rest Haven — LOCATION (City, town, or county) Hagerstown (State) Md.

DATE REC'D BY LOCAL REGISTRAR: Mar. 4. 1953 — REGISTRAR'S SIGNATURE: Chas. H. Boevers

**24. FUNERAL DIRECTOR** ADDRESS: Fred W. Kraiss Hagerstown, Md.

MAR 9

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

313

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10 Downsville Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Maurice (Middle) Emory (Last) Castle
4. DATE OF DEATH (Month) March (Day) 21 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Oct. 18, 1899
9. AGE last birthday 53-5-3 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operator of Pest Control
10b. KIND OF BUSINESS OR INDUSTRY Agency
11. BIRTHPLACE (State or foreign country) Hagerstown Wash. Co. Md
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Emory Castle
14. MOTHER'S MAIDEN NAME Annie Fink

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 716-07-9143
17. INFORMANT AND ADDRESS Mrs. Florence Castle No 10 Downsville Rd. Hagerstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) acute coronary occlusion — 7 days

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ✓, Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident , suicide , homicide , undetermined

SIGNATURE S. Robert Wells, MD, (Deceased) DEPUTY MEDICAL EXAM WASH. CO., MD. ADDRESS Hagerstown, Md. DATE SIGNED 3.23.53

23. CREMATION (Specify) Burial
DATE THEREOF Mar. 24, 1953
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) Hagerstown Wash. (State) Md.

DATE RECEIVED BY LOCAL Mar. 23 1953
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR Wm. F. Bark & Sons ADDRESS Boonsboro Md.

MARGIN RESERVED FOR BINDING

USE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is specially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 305

| | |
|---|---|
| 1. PLACE OF DEATH COUNTY: Washington MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED STATE: West Virginia COUNTY: Jefferson |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Boonesboro — LENGTH OF STAY (in this place): 18 months | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Shepherdstown |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS: Guilford Nursing Home | STREET ADDRESS (If rural, give location) |

| | | | | | |
|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) MARY | (Middle) SUZANNE | (Last) CAVALIER | 4. DATE OF DEATH | (Month) March (Day) 2, (Year) 1953 |
| 5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Now | 8. DATE OF BIRTH: March 28, 1867 | 9. AGE last birthday: 85 yrs. | If under 1 year: Months 11 Days; If under 24 hrs.: Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dormitory Matron | 10b. KIND OF BUSINESS OR INDUSTRY: College | 11. BIRTHPLACE (State or foreign country): Sandy Spring, Maryland | 12. CITIZEN OF WHAT COUNTRY? USA | | |
| 13. FATHER'S NAME: Oliver T. Kemp | | 14. MOTHER'S MAIDEN NAME: Katherine Noll | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None | 16. SOCIAL SECURITY NO.: Unknown | 17. INFORMANT AND ADDRESS: K. F. Cavalier R.F.D. #3, Harpers Ferry, West Va. | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

Immediate cause (a) Generalized arteriosclerosis — Interval Between Onset and Death: 5 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Endeiteritis — 1 yr

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from Feb. 25, 1953, to March 2, 1953, that I last saw the deceased alive on March 2, 1953, and that death occurred at 3:40P. m., from the causes and on the date stated above.

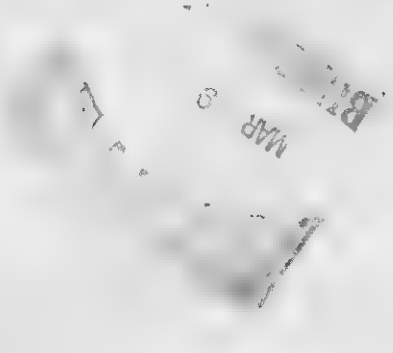
SIGNATURE: G W Lilian (Degree or title) M. D. ADDRESS: Boonsboro DATE SIGNED: 3/2/53

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify): Removal | DATE THEREOF: 3/2/53 | NAME OF CEMETERY OR CREMATORY: Fairview Cemetery | LOCATION (City, town, or county) (State): Bolivar, West Va. |
| DATE REC'D BY LOCAL REG.: March 2 1953 | REGISTRAR'S SIGNATURE: John H. Wast | 24. FUNERAL DIRECTOR: J. Howard Cam[illegible] | ADDRESS: Bolivar, W.Va. |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 304

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY Washington MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hancock — LENGTH OF STAY (In this place) Life | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hancock Md. |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | STREET ADDRESS (If rural, give location) |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) Samuel | (Middle) Rinehart | (Last) Cohill | 4. DATE OF DEATH | (Month) 3. | (Day) 14. | (Year) 1953 |
| 5. SEX Male. | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced | 8. DATE OF BIRTH 1.22.1882 | 9. AGE last birthday 71. yrs. | If under 1 year Months 1. | Days 20 | If under 24 hrs. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager Fruit Farm | | 10b. KIND OF BUSINESS OR INDUSTRY Apples Owner | 11. BIRTHPLACE (State or foreign country) Washington County Md. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | |
| 13. FATHER'S NAME Edmund P Cohill | | | 14. MOTHER'S MAIDEN NAME Mary Rinehart | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) No. | 16. SOCIAL SECURITY No. 219-1 4-9806 | 17. INFORMANT AND ADDRESS Mrs Ralph Donnely Hancock Md. | | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Status Asthmaticus

241 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH 721

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from Sept 1, 1952, to March 14, 1953, that I last saw the deceased alive on [illegible], 1953, and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE (Degree or title) [illegible] ADDRESS Hancock, Md DATE SIGNED

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 3.17.53 | NAME OF CEMETERY OR CREMATORY St Peters Catholic | LOCATION (City, town, or county) (State) Hancock Washington Md. |
| DATE REC'D BY LOCAL REG. 3/17/53 | REGISTRAR'S SIGNATURE J A Heller | 24. FUNERAL DIRECTOR Howard J Grove | ADDRESS Hancock md |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

**1. PLACE OF DEATH**
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (In this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1021 Main Ave.

**2. USUAL RESIDENCE (HOME) OF DECEASED**
STATE: Md. COUNTY: Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 1021 Main Ave.

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Viola | S. | Craig | 3 | 13 | 1953 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min. |
|---|---|---|---|---|---|---|
| Female | white | married | 3-15-1900 | 52 yrs. | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Home duties | Home | Hagerstown, Md. | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Joseph Shafer | Emma Everhart |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|
| No | None | Harry J. Craig Hagerstown, Md. |

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| 331X Immediate cause (a) | | |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) | Acute cerebral hemorrhage | 1hr |
| (c) | | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: (found dead on kitchen floor)

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐ |
|---|---|---|
| | | |

| 21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| none m. | | |

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| J. Robert Wells M.D. | DEPUTY MEDICAL EXAM WASH. CO. MD. | Hagerstown, Md. | 3-14-53 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| Burial | 3-16-53 | Rest Haven | Hagerstown | Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| Mar. 5, 1953 | Chas. H. Bowers | Fred Knipe | Hagerstown, Md |

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

**1. PLACE OF DEATH:**
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 11 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. Co. Hospital

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural give location): 1727 Virginia Ave.

**3. NAME OF DECEASED:** (Type or Print) (First) Bertha (Middle) Mae (Last) Crouse

**4. DATE OF DEATH:** (Month) March (Day) 21 (Year) 1953

**5. SEX:** Female

**6. COLOR OR RACE:** White

**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** Widowed

**8. DATE OF BIRTH:** Aug. 12. 1874

**9. AGE last birthday:** 78-7-9 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** Give kind of work done during most of working life, even if retired): House wife

**10b. KIND OF BUSINESS OR INDUSTRY:** Own Home

**11. BIRTHPLACE** (State or foreign country): Keedysville Wash. Co. Md.

**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13. FATHER'S NAME:** Warren Hoffmaster

**14. MOTHER'S MAIDEN NAME:** Unknown

**15 WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) No. (If Yes, give war or dates of service)

**16. SOCIAL SECURITY NO.:** None

**17. INFORMANT & ADDRESS:** Mrs. Millicent Jennings - 1727 Virginia Ave. Hagerstown Md.

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Cerebral Infarction — Interval Between Onset And Death: 12 days.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arteriosclerotic Cardiovascular Disease — ? years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION:** — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☑ No ☐

**21. ACCIDENT / SUICIDE / HOMICIDE** (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/9, 1953, to 3/21, 1953, that I last saw the deceased alive on 3/21, 1953, and that death occurred at 4:35 pm from the causes and on the date stated above.

SIGNATURE (Degree or title): George Jennings M.D. — ADDRESS: Hagerstown Md. — DATE SIGNED: 3/23/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: March 24. 1953 — NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery — LOCATION (City, town, or county) (State): Sharpsburg Wash. Co. Md

DATE REC'D BY LOCAL REGISTRAR: March 23, 1953 — REGISTRAR'S SIGNATURE: Chas. H. Bowers — 24. FUNERAL DIRECTOR: Wm. T. Boat & Sons — ADDRESS: Boonsboro Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Dr Miller 03318

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown R & 2
LENGTH OF STAY (in this place) 3 Wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gateway Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 556 Salem Ave

3. NAME OF DECEASED: (Type or Print) (First) JACOB (Middle) (Last) DUNKELBERGER

4. DATE OF DEATH: (Month) (Day) (Year) March 3 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Nov 10 1873
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, (if retired) Farm Owner
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Reading Pa.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Dunkelberger
14. MOTHER'S MAIDEN NAME: Elizabeth Haldeman

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ---
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs Mintie Dunkelberger 556 Salem Ave

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4.2x Immediate cause (a) Cardio-Vascular Disease — Interval Between Onset And Death ? -

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Virus Pneumonia — 2-3 days

DUE TO (c) ✓

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION: 0
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) 0
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 0
(CITY OR TOWN) 0 (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) 0 m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? 0

22. I hereby certify that I attended the deceased from Feb 1, 1953, to March 3, 1953, that I last saw the deceased alive on 3/3, 1953, and that death occurred at 3/3-1953, from the causes and on the date stated above.

SIGNATURE (Degree or title) Victor D Miller ADDRESS DATE SIGNED 3/4-1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3/7/1953
NAME OF CEMETERY OR CREMATORY Reiffs Mennonite Cemetery
LOCATION (City, town, or county) (State) Cearfoss Md

DATE REC'D BY LOCAL REGISTRAR Mar. 4, 1953
REGISTRAR'S SIGNATURE Leroy M. Fox (Deputy Local)
24. FUNERAL DIRECTOR Andrew K. Coffman ADDRESS Hagerstwon Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Dr LeVan 63319

# CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boonsboro
LENGTH OF STAY (in this place) 2 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Guilford Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: Washington
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leitersburg
STREET ADDRESS (If rural give location) Main St.

3. NAME OF DECEASED: (Type or Print) (First) KATHERINE (Middle) FLOHR (Last) EARLEY

4. DATE OF DEATH: (Month) (Day) (Year) March 3 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Oct 9 1859
9. AGE last birthday: 93 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Leitersburg Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wilfred Flohr
14. MOTHER'S MAIDEN NAME: Sarah Flohr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ----
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Norman S. Earley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.3

Immediate cause (a) Generalized arteriosclerosis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death 10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 26, 1952, to March 3, 1953, that I last saw the deceased alive on March 3, 1953, and that death occurred at 8:20 P.M., from the causes and on the date stated above.

SIGNATURE G W LeVan (Degree or title) M.D. ADDRESS Boonsboro DATE SIGNED 3/4/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3/5/53
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown Md.
DATE REC'D BY LOCAL REGISTRAR 3/4/1953
REGISTRAR'S SIGNATURE John H. Bast
24. FUNERAL DIRECTOR Andrew K. Coffman ADDRESS Hagerstown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MAR 9

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 304

| | |
|---|---|
| 1. PLACE OF DEATH- COUNTY Washington MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland. COUNTY Washington. |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural.Hancock — LENGTH OF STAY (in this place) | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hancock. |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | STREET ADDRESS (If rural, give location) |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) Eliza | (Middle) Ellen | (Last) Exline | 4. DATE OF DEATH | (Month) 3 | (Day) 10. | (Year) 53 |
| 5. SEX Female. | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed | 8. DATE OF BIRTH May 18.1865 | 9. AGE last birthday 87. yrs. | If under 1 year Months 9 Days 20 | If under 24 hrs. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY Housewife | 11. BIRTHPLACE (State or foreign country) Harrisonville Penna | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | | |
| 13. FATHER'S NAME Eliaja Clenvenger | 14. MOTHER'S MAIDEN NAME Elizebeth Palmer | | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) No. | 16. SOCIAL SECURITY No. None. | 17. INFORMANT AND ADDRESS Mr Elmer Exline.Hancock Md. | | | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 Immediate cause (a) Chronic myocarditis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arterio sclerosis

(c) Senility

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑ |

| | | | | |
|---|---|---|---|---|
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? | | |

22. I hereby certify that I attended the deceased from Mar 4, 1953, to Mar 10, 1953, that I last saw the deceased alive on dead Mar 10, 1953, and that death occurred at 5.A M m., from the causes and on the date stated above.

SIGNATURE L. M. Shaffer (Degree or title) M.D. ADDRESS Hancock Md DATE SIGNED 3/11/53

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify) Burial. | DATE THEREOF 3.13.53 | NAME OF CEMETERY OR CREMATORY Mt Olivet Cemetery | LOCATION (City, town, or county) (State) Hancock Washington Md. |
| DATE REC'D BY LOCAL REG. 3-13-53 | REGISTRAR'S SIGNATURE J. A. Nesler | 24. FUNERAL DIRECTOR Howard J Grove Hancock Md | ADDRESS |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

APR 16 1957

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 305 ... 321

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

**1. PLACE OF DEATH:**
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Lena - Rural
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Boonsboro Md. R.2.

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Lena - Rural
STREET ADDRESS (If rural give location) Boonsboro Md. R.2.

**3. NAME OF DECEASED:** (Type or Print) (First) Jacob (Middle) C (Last) Faulders

**4. DATE OF DEATH:** (Month) March (Day) 16. (Year) 1953

**5. SEX:** Male

**6. COLOR OR RACE:** White

**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** Married

**8. DATE OF BIRTH:** August 27 1893

**9. AGE last birthday:** 59-6-19 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** Give kind of work done during most of working life, even if retired): Welder

**10b. KIND OF BUSINESS OR INDUSTRY:** N.Y. Central Iron Works

**11. BIRTHPLACE** (State or foreign country): Mt. Lena Wash. Co. Md

**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13. FATHER'S NAME:** Brady Faulders

**14. MOTHER'S MAIDEN NAME:** Inez Cuddle

**15 WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) No (If Yes, give war or dates of service)

**16. SOCIAL SECURITY NO.:** 217-10-9433

**17. INFORMANT & ADDRESS:** Mrs. Ruth Faulders Boonsboro Md. R.2.

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary occlusion, Thrombosis — Interval Between Onset And Death: 15 min

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Unknown
DUE TO (c) Unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Unknown

**19a. DATE OF OPERATION:**

**19b. MAJOR FINDINGS OF OPERATION**

**20. AUTOPSY?** Yes ☐ No ☐

**21. ACCIDENT / SUICIDE / HOMICIDE** (Specify)

**PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

**TIME OF INJURY** (Month) (Day) (Year) (Hour) m.

**INJURY OCCURED** While at Work ☐ Not While At Work ☐

**HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased after death on 3-16-53, that I last saw the deceased alive on March, 19..., and that death occurred at ..., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert Y. Headle MD — ADDRESS Hagerstown — DATE SIGNED 3-18-53

**23. BURIAL, CREMATION, REMOVAL** (Specify) Burial — DATE THEREOF March 19 1953 — NAME OF CEMETERY OR CREMATORY Mt. Lena Cemetery — LOCATION (City, town, or county) (State) Mt. Lena Wash. Co. Md

DATE REC'D BY LOCAL REGISTRAR March 19 1953 — REGISTRAR'S SIGNATURE John W. Bast

**24. FUNERAL DIRECTOR** W.J. Best Sons — ADDRESS Boonsboro Md

RECEIVED
MAR 23 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]322

# CERTIFICATE OF DEATH

Reg. Dist. No. 305

**1. PLACE OF DEATH:**
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Boonsboro
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS N. Main St.

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Boonsboro
STREET ADDRESS (If rural give location) N. Main St.

**3. NAME OF DECEASED:** (Type or Print) (First) Mary (Middle) Gertrude (Last) Ford

**4. DATE OF DEATH:** (Month) March (Day) 27 (Year) 1953

**5. SEX:** Female
**6. COLOR OR RACE:** White
**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** Widowed
**8. DATE OF BIRTH:** May 10 1873
**9. AGE last birthday:** 79-10-17 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

**10a. USUAL OCCUPATION** Give kind of work done during most of working life, even if retired): House wife
**10b. KIND OF BUSINESS OR INDUSTRY:** Own Home
**11. BIRTHPLACE** (State or foreign country): Boonsboro Wash. Co. Md.
**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13. FATHER'S NAME:** Benjamin Suman
**14. MOTHER'S MAIDEN NAME:** Sarah Easterday

**15 WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) No (If Yes, give war or dates of service)
**16. SOCIAL SECURITY No.:** None
**17. INFORMANT & ADDRESS:** Foster E. Ford Boonsboro Wash. Co. Md.

**18. MEDICAL CERTIFICATION**

**1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH**

331 X

| | | Interval Between Onset And Death |
|---|---|---|
| Immediate cause | (a) Cerebral Hemorrhage | 14 days |
| DUE TO | | |
| Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. | (b) Arterial Hypertension | 12 years |
| DUE TO | | |
| | (c) Arterio-Sclerosis | 12 years |

**11. OTHER SIGNIFICANT CONDITIONS** Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION:**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** Yes ☐ No ☐

**21. ACCIDENT SUICIDE HOMICIDE** (Specify)
**PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
**TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**INJURY OCCURED** While at Work ☐ Not While At Work ☐
**HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from March 13, 1953, to March 27, 1953, that I last saw the deceased alive on March 14, 1953, and that death occurred at 10:10 a.m. from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M. D. ADDRESS Boonsboro, Md. DATE SIGNED 3/28/53

**23. BURIAL, CREMATION, REMOVAL** (Specify) Burial
**DATE THEREOF** March 30 1953
**NAME OF CEMETERY OR CREMATORY** Boonsboro Cemetery
**LOCATION** (City, town, or county) (State) Boonsboro Wash. Co. Md.
**DATE REC'D BY LOCAL REGISTRAR** March 30 1953
**REGISTRAR'S SIGNATURE** John H. Bast
**24. FUNERAL DIRECTOR** Wm. F. Bast & Sons ADDRESS Boonsboro Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 2 1953
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

# CERTIFICATE OF DEATH

Reg. Dist. No. 306

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Smithsburg; MARYLAND; LENGTH OF STAY (In this place) 30 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wash.; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Smithsburg; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Jacob (Last) Forrest

4. DATE OF DEATH: (Month) March (Day) 2 (Year) 19 53

5. SEX: Male MALE

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug. 28, 1888

9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Aircraft

11. BIRTHPLACE (State or foreign country): Middletown Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jacob F. Forrest

14. MOTHER'S MAIDEN NAME: Charlotte E. Ward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-01-2395

17. INFORMANT & ADDRESS: Mrs. Maude Forrest Smithsburg Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) acute pulmonary Edema — Interval Between Onset And Death: 12 Hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO Hypertensive cardiovascular disease 10 yrs

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 1, 1953 to Mar 2, 1953 that I last saw the deceased alive on Mar 2, 1953 and that death occurred at 12:50 am from the causes and on the date stated above.

SIGNATURE (Degree or title) G. G. Kohler M.D. — ADDRESS Smithsburg — DATE SIGNED 3/6/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Mar. 5, 1953 — NAME OF CEMETERY OR CREMATORY Smithsburg Cemetery — LOCATION (City, town, or county) Smithsburg (State) Md.

DATE REC'D BY LOCAL REGISTRAR Mar 4-53 — REGISTRAR'S SIGNATURE Geo. W. Ferguson

24. FUNERAL DIRECTOR — ADDRESS: Scott F. Minnich & Son Smithsburg Md.

RECEIVED
MAR 10 1953
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]321

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 5 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Keedysville
STREET ADDRESS (If rural give location) Main St

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) K (Last) Fox

4. DATE OF DEATH: (Month) March (Day) 16 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Oct. 14. 1881
9. AGE last birthday: 71-5-2 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Electrical Engineer - Retired
10b. KIND OF BUSINESS OR INDUSTRY: Rutland R.R. Co.
11. BIRTHPLACE (State or foreign country): Keedysville Wash. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Luther Fox
14. MOTHER'S MAIDEN NAME: Ella Nunamaker

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None.
17. INFORMANT & ADDRESS: Russell Geeting Keedysville Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

570.5

Immediate cause (a) Intestinal Obstruction — Interval Between Onset And Death: 6 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 10, 1953, to March 16, 1953, that I last saw the deceased alive on March 16, 1953, and that death occurred at 5:20 PM, from the causes and on the date stated above.

SIGNATURE C W Lewis (Degree or title) M.D. ADDRESS Boonsboro DATE SIGNED 3/18/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial. DATE THEREOF March. 19. 1953 NAME OF CEMETERY OR CREMATORY Fairview Cemetery LOCATION (City, town, or county) Keedysville Wash. Co. Md (State)

DATE REC'D BY LOCAL REGISTRAR March. 19. 1953 REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR Wm F. Bast & Sons ADDRESS Boonsboro Md

Rec'd from John H. Bast Loc. Reg.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 24 1953
BUREAU

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-5

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (0002)

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

**1. PLACE OF DEATH:**
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Md RFD #2
STREET ADDRESS (If rural, give location) Williamsport Md. RFD #2

**3. NAME OF DECEASED:** (Type or Print) (First) Alburtus (Middle) Herman (Last) Gardner

**4. DATE OF DEATH:** (Month) March (Day) 21 (Year) 1953

**5. SEX:** Male

**6. COLOR OR RACE:** White

**7. SINGLE, MARRIED, WIDOWED, DIVORCED,** (Specify): Widowed

**8. DATE OF BIRTH:** Sept. 22 1879

**9. AGE last birthday:** 73 yrs. IF UNDER 1 YEAR: Months 5 Days 26 IF UNDER 24 HRS.: Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Retd Clerk Stock Room

**10b. KIND OF BUSINESS OR INDUSTRY:** Western M. R. R

**11. BIRTHPLACE** (State or foreign country): Pennslyvania

**12. CITIZEN OF WHAT COUNTRY?** USA

**13. FATHER'S NAME:** Thomas Gardner

**14. MOTHER'S MAIDEN NAME:** Alice Hoover

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) No (If Yes, give war or dates of service) No

**16. SOCIAL SECURITY No.:** None

**17. INFORMANT & ADDRESS:** Mr. Thomas J. Gardner Maryland RFD#2 Williamsport

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

334X

Immediate cause (a) Cerebral Apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 2 Days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION:**

**19b. MAJOR FINDINGS OF OPERATION:**

**20. AUTOPSY?** Yes ☐ No ☐

**21. ACCIDENT SUICIDE HOMICIDE** (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/20/53, to 3/21/53, that I last saw the deceased alive on 3/21/53, and that death occurred at 1:30 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

[signature] [signature] Williamsport Md 3/23/53

**23. BURIAL, CREMATION REMOVAL** (Specify): Burial

DATE THEREOF March 24 1953

NAME OF CEMETERY OR CREMATORY Riverview Cemetery

LOCATION (City, town, or county) (State) Williamsport Md.

DATE REC'D BY LOCAL REG. Mar. 23, 1953

REGISTRAR'S SIGNATURE [signature]

**24. FUNERAL DIRECTOR** Edith V. Leaf Williamsport Md. ADDRESS

APR 26 1953

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03326

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 45 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 Buena Vista Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 50 Buena Vista Avenue

3. NAME OF DECEASED: (Type or Print) (First) Elsie (Middle) Mary (Last) Gibney

4. DATE OF DEATH: (Month) Mar. (Day) 14 (Year) 19 53

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 2-8-1879
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months 1 Days 8 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Greencastle, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel F. Conrad
14. MOTHER'S MAIDEN NAME: Catherine Robinson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: Walter S. Gibney, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

241 X

Immediate cause (a) Acute coronary occlusion — Interval Between Onset And Death: Immediate

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cardio-vascular hypertensive disease

DUE TO

(c) Bronchial asthama

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1922 to Mar. 14, 1953, that I last saw the deceased alive on about May 1952, and that death occurred at 6:10 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Walter Fagman M.D. ADDRESS Hagerstown, Md. DATE SIGNED Mar. 16-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3-17-1953
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerst own, Maryland
DATE REC'D BY LOCAL REGISTRAR Mar. 17, 1953
REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR C. M. Suter & Sons, Hagerstown, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 19 1953
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 303

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Conococheague
LENGTH OF STAY (in this place) 11 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gateway Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Funkstown
STREET ADDRESS (If rural, give location) Main St.

3. NAME OF DECEASED (Type or Print) (First) Emma (Middle) Alice (Last) Hebb
4. DATE OF DEATH (Month) March (Day) 11 (Year) 1953

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) ~~Widowed~~ single
8. DATE OF BIRTH Sept 26-1872
9. AGE last birthday 80-5-15 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Horse keeper
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Richard J. Hebb
14. MOTHER'S MAIDEN NAME Lucy Florence Hebb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Howard Hebb Funkstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic heart disease. — INTERVAL BETWEEN ONSET AND DEATH Probably several years.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ✓

(c) ✓

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 18, 1953, to Mar. 7, 1953, that I last saw the deceased alive on March 7, 1953 and that death occurred at 10:30 P.M., from the causes and on the date stated above.

SIGNATURE R. A. Bull (Degree or title) M.D. ADDRESS Hagerstown, Md. DATE SIGNED March 13, 1953

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF March 15-1953
NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery
LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REG. March 14-1953
REGISTRAR'S SIGNATURE Leroy M. Forkler (Deputy Local)
24. FUNERAL DIRECTOR [illegible] ADDRESS Boonsboro Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No.: 302

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY Washington MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) 2 yrs. | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital | STREET ADDRESS (If rural, give location) 52½ E Antietiam Street |

| | | | | | |
|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) (First) Harry (Middle) Eugene (Last) Henson | | | 4. DATE OF DEATH (Month) March (Day) 2 (Year) 1953 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Nov 26 1921 | 9. AGE last birthday 31 yrs. | If under 1 year Months 3 Days 3 — If under 24 hrs. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor Construction | 10b. KIND OF BUSINESS OR INDUSTRY Construction | | 11. BIRTHPLACE (State or foreign country) Williamsport Md. | | 12. CITIZEN OF WHAT COUNTRY USA |
| 13. FATHER'S NAME Alfred Henson Jr | | | 14. MOTHER'S MAIDEN NAME Amanda Nave | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War | 16. SOCIAL SECURITY No. 214-14-6248 | | 17. INFORMANT 24 W. Baltimore St. Mrs. Florine Henson Hagerstown Md. | | |

18. MEDICAL CERTIFICATION

| 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Massive Cerebral Contusion | 4 days |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Fracture Rt forearm | |
| | (c) Crushed Fracture of patella | |

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐ |

| | | | |
|---|---|---|---|
| 21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Cenfoss Pike | (CITY OR TOWN) Hagerstown (COUNTY) Washington (STATE) Md | |
| TIME OF INJURY (Month) 2 (Day) 26 (Year) 53 (Hour) 5 P m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Automobile struck Pol | |

22. *I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Dr E W Ditto Jr | Acting Dep Med Exam | Hagerstown Md | 3/3/53 |

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF March 5-53 | NAME OF CEMETERY OR CREMATORY Riverview Cemetery | LOCATION (City, town, or county) Williamsport Md. (State) |
| DATE REC'D BY LOCAL REG. Mar. 3, 1953 | REGISTRAR'S SIGNATURE Chas H Bowers | 24. FUNERAL DIRECTOR Edith V. Leaf Williamsport Md. | ADDRESS |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3329

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY Washington MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Washington |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) life | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS rear N. Cannon Ave. | STREET ADDRESS (If rural, give location) rear N. Cannon Ave., |

3. NAME OF DECEASED: (Type or Print) (First) Owen (Middle) (Last) Henson

4. DATE OF DEATH: (Month) March (Day) 26 (Year) 19 53

| 5. SEX: | 6. COLOR OR RACE: | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH: | 9. AGE last birthday: | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| male | black | single | Sept. 25, 1868 | 84 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| laborer | Stone Quarry | Hagerstown, Md. | U.S.A |

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: - -

17. INFORMANT & ADDRESS: Wash. Co. Welfare Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 443X

| | | Disease | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|---|
| Immediate cause | (a) | Hypertension Cardio-Vascular with Decompensation | 5-10 years? |
| | DUE TO | | |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last | (b) | Influenza | 7-10 days |
| | DUE TO | | |
| | (c) | — | |

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — M.

INJURY OCCURRED While at work ☐ Not while at work ☐ —

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 3/23, 1953, to 3/26, 1953 that I last saw the deceased alive on 3/25 1953, and that death occurred at — a. m. from the causes and on the date stated above.

SIGNATURE: Victor Dmillan (DEGREE OR TITLE) M.D. ADDRESS 121 West Wash Hagerstown Md DATE SIGNED 3/26-53

23. BURIAL, CREMATION REMOVAL (Specify): burial DATE THEREOF Mar. 27, 1953 NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery LOCATION (City, town, or county) Hagerstown (State) Md.

DATE REC'D BY LOCAL REG. Mar. 27, 1953 REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR Scott F. Minnich & Son, ADDRESS Hagerstown

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington Hagerstown MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown

LENGTH OF STAY (in this place) 40 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown

STREET ADDRESS (If rural, give location) 631 Washington Ave.

3. NAME OF DECEASED: (Type or Print) (First) Earl (Middle) H. (Last) Hertzler

4. DATE OF DEATH: (Month) March (Day) 22, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: March 27, 1903

9. AGE last birthday: 50 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Silk Worker

10b. KIND OF BUSINESS OR INDUSTRY: Silk Mill

11. BIRTHPLACE (State or foreign country): Knobsville Pa.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Harvey Hertzler

14. MOTHER'S MAIDEN NAME: Carrie Givens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) none

16. SOCIAL SECURITY NO.: 215_09_7300

17. INFORMANT & ADDRESS: Mrs. Sadie Hertzler 631 Washington Ave. Hag.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

460 x

Immediate cause (a) Pulmonary embolism — INTERVAL BETWEEN ONSET AND DEATH: 45 minutes

DUE TO

Antecedent cause(s) (b) Varicose veins of legs — 10 months

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/14, 1952, to 3/22, 1953, that I last saw the deceased alive on 3/22, 1953, and that death occurred at 7:45 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

B Tournet MD 119 E Antietam St. Hagerstown, Md

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF March 25, 1953

NAME OF CEMETERY OR CREMATORY Rose Hill

LOCATION (City, town, or county) Hagerstown (State) Maryland

DATE REC'D BY LOCAL REG. Mar. 24, 1953

REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR Fred W. Kraiss 139 N. Pot. St. ADDRESS Hag. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 8-5

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

331

Reg. Dist. No. 305

1. PLACE OF DEATH
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: [illegible] Rural
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Hagerstown Md. R.1

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: [illegible] Creek - Rural
STREET ADDRESS (If rural, give location): Hagerstown Md. R.1

3. NAME OF DECEASED (Type or Print) (First) Clifford (Middle) B. (Last) Hoist

4. DATE OF DEATH (Month) March (Day) 9 (Year) 53

5. SEX: [illegible]
6. COLOR OR RACE: [illegible]
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): [illegible]
8. DATE OF BIRTH: June 26 1877
9. AGE last birthday: 75-8-13 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): [illegible]
10b. KIND OF BUSINESS OR INDUSTRY: Own [illegible]
11. BIRTHPLACE (State or foreign country): [illegible] Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: [illegible] Hoist
14. MOTHER'S MAIDEN NAME: Laura Bowman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [illegible] (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: Mrs. Bertie E. [illegible] Hagerstown Md. R.1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4 [illegible]

Immediate cause (a) Chr. arterio-sclerotic Myocardial

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) heart Disease - c Grade in failure — 1 yr

(c) Hypertensive - arterio-sclerotic heart disease — 8 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: J. Robert Wells M.D. — (Degree or title) Deputy Med. Exam. Wash. Co. Md. — ADDRESS: Hagerstown Md — DATE SIGNED: 3-9-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: March 11 1953
NAME OF CEMETERY OR CREMATORY: [illegible] Cemetery
LOCATION (City, town, or county) (State): [illegible] Co. Md.

DATE REC'D BY LOCAL REG.: March 10 1953
REGISTRAR'S SIGNATURE: John [illegible]
24. FUNERAL DIRECTOR: Wm. F. Bast & Son — ADDRESS: Boonsboro Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 305

**1. PLACE OF DEATH:**
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Boonsboro
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Paul St.

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Boonsboro
STREET ADDRESS (If rural give location) St. Paul St.

**3. NAME OF DECEASED:** (Type or Print) (First) Charles (Middle) Grover (Last) Cleveland Hutzell

**4. DATE OF DEATH:** (Month) March (Day) 18 (Year) 1953

**5. SEX:** Male
**6. COLOR OR RACE:** White
**7. SINGLE, MARRIED, WIDOWED, DIVORCED,** (Specify): Widowed
**8. DATE OF BIRTH:** Jany. 20. 1893
**9. AGE last birthday:** 60-1-28 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

**10a. USUAL OCCUPATION.** Give kind of work done during most of working life, even if retired): Laborer
**10b. KIND OF BUSINESS OR INDUSTRY:** Farm.
**11. BIRTHPLACE** (State or foreign country): near Boonsboro Wash. Co. Md
**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13. FATHER'S NAME:** Charles Hutzell
**14. MOTHER'S MAIDEN NAME:** Sallie Toms.

**15 WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) No. (If Yes, give war or dates of service)
**16. SOCIAL SECURITY No.:**
**17. INFORMANT & ADDRESS:** Charles Hutzell Boonsboro Md.

**18. MEDICAL CERTIFICATION**

**I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH**

422.2
Immediate cause (a) Acute Coronary Occlusion — Sudden
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chronic Myocarditis — 3-7-29
DUE TO
(c) Chronic Arthritis — 3-7-29

Interval Between Onset And Death

**II. OTHER SIGNIFICANT CONDITIONS** Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION:**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** Yes ☐ No ☐

**21. ACCIDENT SUICIDE HOMICIDE** (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 19, 1949, to March 18, 1953, that I last saw the deceased alive on March 7, 1953, and that death occurred at 1.30 P., from the causes and on the date stated above.

SIGNATURE Herbert Wade. (Degree or title) M.D. ADDRESS Boonsboro, Md. DATE SIGNED 3-20-53

**23. BURIAL, CREMATION, REMOVAL** (Specify) Burial
DATE THEREOF March 21, 1953
NAME OF CEMETERY OR CREMATORY Zittlestown Cemetery
LOCATION (City, town, or county) (State) Zittlestown Wash. Co. Md
DATE REC'D BY LOCAL REGISTRAR March 21, 1953
REGISTRAR'S SIGNATURE John H. Bast.
**24. FUNERAL DIRECTOR** Wm. F. Bast & Sons ADDRESS Boonsboro Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

1. PLACE OF DEATH COUNTY: Washington Hagerstown MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Enroute to Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 516 Washington Square

3. NAME OF DECEASED (Type or Print): (First) Clarence (Middle) Edward (Last) Kimbler
4. DATE OF DEATH: (Month) Mar. (Day) 27 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 10-25-1906
9. AGE last birthday: 46 yrs. If under 1 year: Months 5 Days 2 If under 24 Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist
10b. KIND OF BUSINESS OR INDUSTRY: Col. Hardwood Co.
11. BIRTHPLACE (State or foreign country): Herndon, W. Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William M. Kimbler
14. MOTHER'S MAIDEN NAME: Sally Grubb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 173-09-4162
17. INFORMANT AND ADDRESS: Mrs. C. E. Kimbler, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 Minute

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? Yes ☐ No X

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING ☐ CAUSE OF DEATH
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: None (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY: None m.
INJURY OCCURRED While at work ☐ Not while at work ☐ None
HOW DID INJURY OCCUR? None

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE: J. H. Beachy (Degree or title) M.D. ADDRESS: Hagerstown, W. DATE SIGNED: 3/26/53

DISPOSITION (Specify): Removal
DATE THEREOF: 3-28-1953
NAME OF CEMETERY OR CREMATORY: Mountoursville Cem.
LOCATION (City, town, or county) (State): Montoursville, Lyc. Co. Pa.

DATE REC'D BY LOCAL: Mar. 28, 1953
REGISTRAR'S SIGNATURE: Chas. H. Bowers
24. FUNERAL DIRECTOR: C. M. Suter & Sons, Hagerstown, Md. ADDRESS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

331

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Boonsboro
LENGTH OF STAY (in this place) 12½ yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS San-Mar Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Boonsboro
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Anna (Middle) M (Last) Klein
4. DATE OF DEATH (Month) March (Day) 19 (Year) 1953
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 7-26-1864
9. AGE last birthday 88 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME E. Frederick Klein
14. MOTHER'S MAIDEN NAME Mary M. Jacobs
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Harry A. Klein, Mt. Airy Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4[illegible]

Immediate cause (a) Generalized arteriosclerosis — Interval Between Onset and Death 10 yr

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible] — [illegible]

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 1953, to March 19, 1953, that I last saw the deceased alive on March 18, 1953, and that death occurred at 12:03 A. m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) [illegible] ADDRESS [illegible] DATE SIGNED [illegible]

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3-21-1953
NAME OF CEMETERY OR CREMATORY Locust Grove
LOCATION (City, town, or county) Frederick Co. (State) Md.
DATE REC'D BY LOCAL REG. March 19, 1953
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR [illegible] M. Waltz, Winfield. ADDRESS Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 23 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0 335

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: Washington
COUNTY Hagerstown MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Myersville
STREET ADDRESS (If rural give location) ✓

3. NAME OF DECEASED: (Type or Print) (First) Nancy (Middle) Lee (Last) Kline

4. DATE OF DEATH: (Month) 3 (Day) 20 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Mar 20 1953
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours X Min. 32

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY: Infant
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Alva Woodrow Kline
14. MOTHER'S MAIDEN NAME: Alberta May Pryor

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

761.0

Immediate cause (a) DUE TO Prolapse umbilical cord — Interval Between Onset And Death 32 mts

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Transverse position of baby — 4 wks

(c) in uterus 8 mos pregnancy

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 20, 1953 to Mar 20, 1953 that I last saw the deceased alive on Mar 20 1953, and that death occurred at 7.40 A.M. from the causes and on the date stated above.

SIGNATURE G. A. Kohler (Degree or title) M.D. ADDRESS Smithsburg DATE SIGNED 3/20/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 3/20/53 NAME OF CEMETERY OR CREMATORY Groninkle & Brethem LOCATION (City, town, or county) Frederick (State) Md.

DATE REC'D BY LOCAL REGISTRAR Mar 20, 1953 REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR Gladhill Co. ADDRESS Middletown Md

203338 0364

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 1

RECEIVED
MAR 23 1953
BUREAU V. A.

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-53

**1. PLACE OF DEATH:**

COUNTY Washington — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Hagerstown, Md. — LENGTH OF STAY (in this place): 2 mo.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Gateway Nursing Home

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

STATE ~~Md.~~ — COUNTY ~~Washington~~

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chambersburg, Pa.

STREET ADDRESS (If rural, give location):

**3. NAME OF DECEASED:** (Type or Print) (First) Lauara (Middle) K. (Last) Lininger

**4. DATE OF DEATH:** (Month) Mar. (Day) 8, (Year) 1953

| 5. SEX: | 6. COLOR OR RACE: | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH: | 9. AGE last birthday: | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Female | White | Widow | Aug. 10, 1868 | 84 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Home Duties | Home | Penn. | U S A |

| 13. FATHER'S NAME: | | 14. MOTHER'S MAIDEN NAME: |
|---|---|---|
| T. W. Kuhn | Pa. | Rebecca Kinehart |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: |
|---|---|---|
| | None | |

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

334X

Immediate cause (a) Cerebral Sclerosis — INTERVAL BETWEEN ONSET AND DEATH: 6 mo.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Senility

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION: | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☒ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) | (Day) | (Year) | (Hour) M. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|---|---|---|
| | | | | | |

22. I hereby certify that I attended the deceased from Nov 22, 1952, to Mar. 8, 1953, that I last saw the deceased alive on Mar 7, 1953, and that death occurred at 1 0 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) David L. Brewer M.D. ADDRESS Clear Spring Md. DATE SIGNED 3/6/53

| 23. BURIAL, CREMATION REMOVAL (Specify): | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | Mar. 11, 1953 | Lutheran Cem. | Fort Loudon, Pa. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| Mar 8-53 | Leroy M. Fockler (Deputy Local) | Paul Krais. | Chambersburg, Pa. |

Per-

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 30 2

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown | LENGTH OF STAY (in this place) Life time
HOSPITAL OR INSTITUTION OR STREET ADDRESS 337 Blooms Court

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown Md.
STREET ADDRESS (If rural, give location) 337 Blooms Court

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Leroy | Douglas | Madison | 3 | 16 | 1953 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min. |
|---|---|---|---|---|---|---|
| Male | Negro | Single | 6-3-1909 | 43 yrs. | | |

10a. USUAL OCCUPATION (Give kind of work done durlog most of working life, even if retired): Car washer
10b. KIND OF BUSINESS OR INDUSTRY: Hoffman Chevrolet
11. BIRTHPLACE (State or foreign country): Hagerstown, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Lupes
14. MOTHER'S MAIDEN NAME: Hattie Madison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkoown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 217-10-3141
17. INFORMANT: Hattie Madison 41 Bloom Alley Hagerstown Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause (a) | Acute coronary occlusion. | |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last (b) | | |
| (c) | | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. (Died suddenly at home)

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☑ |

| 21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| TIME (Month) (Day) (Year) (Hour) OF INJURY None m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? | | |

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO., MD. ADDRESS 115 N. Potomac St. Hagerstown, Md. DATE SIGNED 3-17-53
Dr. Robert Wells M.D

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 3-19-1953 | Rose Hill Cemetery | Hagerstown, Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| Mar. 19, 1953 | Edward Powers | John R Watson Jr | 24 W Bethel St. Hagerstown Md. |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAR 23 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 15 West Antietam St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 15 West Antietam Street

3. NAME OF DECEASED (Type or Print) (First) Edwin (Middle) William (Last) Marshall
4. DATE OF DEATH (Month) Mar. (Day) 16 (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 6-25-1893
9. AGE last birthday 59 yrs. If under 1 year Months 8 Days 21 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman (Hatchery)
10b. KIND OF BUSINESS OR INDUSTRY F.A.Davis & Co.
11. BIRTHPLACE (State or foreign country) Hagerstown, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Henry Marshall
14. MOTHER'S MAIDEN NAME Margaret Ann Williar
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) W.W.#1
16. SOCIAL SECURITY NO. 216-22-8045
17. INFORMANT AND ADDRESS Mrs. E. W. Marshall, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

42. Immediate cause: Arteria-sclerotic coronary heart disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Acute coronary occlusion

(c)

INTERVAL BETWEEN ONSET AND DEATH: 6 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. (note found dead at home)

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE S. Robert Wells, M.D. (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO. MD. ADDRESS 115 N. Potomac Hagerstown, Md. DATE SIGNED 3/18/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3-20-1953
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Maryland
DATE REC'D BY LOCAL REG. Mar. 14, 1953
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR C. M. Suter & Sons, Hagerstown, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAR 23 1953
BUREAU W

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 39

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15 8-52

**1. PLACE OF DEATH:**
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. Co. Hospital

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE: Maryland COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Funkstown
STREET ADDRESS (If rural, give location): Baltimore Street

**3. NAME OF DECEASED: (Type or Print)** (First) Marie (Middle) Mae (Last) Martin

**4. DATE OF DEATH:** (Month) Mar. (Day) 7 (Year) 19 53

**5. SEX:** Female

**6. COLOR OR RACE:** White

**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** Married

**8. DATE OF BIRTH:** 4-25-1897

**9. AGE last birthday:** 55 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Housewife

**10b. KIND OF BUSINESS OR INDUSTRY:**

**11. BIRTHPLACE** (State or foreign country): Brownsville, Maryland

**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13. FATHER'S NAME:** Carlton G. Gordon

**14. MOTHER'S MAIDEN NAME:** Mary F. Martin

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.): NO
(If Yes, give war or dates of service)

**16. SOCIAL SECURITY NO.:** NONE

**17. INFORMANT & ADDRESS:** Mearl Martin, Hagerstown, Maryland

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

391.5

Immediate cause (a) Cerebral Hemorrhage — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Senile arteriosclerosis — DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: 1 or 2 hrs.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION:** **19b. MAJOR FINDINGS OF OPERATION:**

**20. AUTOPSY?** Yes ☐ No ☒

**21. ACCIDENT / SUICIDE / HOMICIDE** (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-7, 19 53, to 3-7-53, 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 8:22 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) - ADDRESS: Dr. Ed Otto, attending physician and Hagerstown, Md. — DATE SIGNED: 3/10/53

**23. BURIAL, CREMATION, REMOVAL (Specify):** Burial — DATE THEREOF: 3-13-1953 — NAME OF CEMETERY OR CREMATORY: Brethern Church Cem. — LOCATION (City, town, or county) (State): Brownsville, Md.

DATE REC'D BY LOCAL REG.: Mar. 12, 1953 — REGISTRAR'S SIGNATURE: Edgar H. Boswell

**24. FUNERAL DIRECTOR** — ADDRESS: C. M. Suter & Sons, Hagerstown, Maryland

RECEIVED
MAR 16 1953
BUREAU V.

Dr Sheeley

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 305

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16 (1)

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural — LENGTH OF STAY (In this place) 12 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fairplay Md R.D. 1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
STREET ADDRESS (If rural, give location) Fairplay Md R.D. 1

3. NAME OF DECEASED (Type or Print): (First) Martha (Middle) E. (Last) Wiles — Martin
4. DATE OF DEATH: (Month) Mar (Day) 22 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: Jan 27, 1881
9. AGE last birthday: 72 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Frederick Co. Md
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John Fox
14. MOTHER'S MAIDEN NAME: Not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 213-16-1555
17. INFORMANT AND ADDRESS: Mrs Marie E Wiles — 301 Jefferson St Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 Immediate cause (a) Uterine Hemorrhage Last few days — Interval between onset and death: 1 hr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Myocarditis — Interval between onset and death: Yrs.
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 20, 19..., to Mar 22, 19 53; that I last saw the deceased alive on Mar 22, 19 53, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 3/25/53
NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery
LOCATION (City, town, or county) (State): Hagerstown Maryland.

DATE REC'D BY LOCAL REG.: Mar. 25. 1953
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR: Rest Haven Funeral Chapel Inc. — ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]41

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Funkstown (Rural)
LENGTH OF STAY (in this place): 14 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: R. F. D. #3, Funkstown

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — Washington COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural- Funkstown
STREET ADDRESS (If rural give location): R. F. D. #3 Funkstown

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) Katherine (Last) McCoy

4. DATE OF DEATH: (Month) Mar. (Day) 29 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 11-1-1866

9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR: Months 4 Days 28 IF UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housework

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): State Line, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Powell

14. MOTHER'S MAIDEN NAME: Ellen L. Orris

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: Mrs. C. L. Stouffer, Funkstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset And Death: 2 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) No

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 27 Mar, 1953, to 29 Mar, 1953, that I last saw the deceased alive on 28 Mar, 1953, and that death occurred at 12 30 A.M., from the causes and on the date stated above.

SIGNATURE: F F Busby MD (Degree or title) ADDRESS: 230 N Potomac St Hagerstown Md DATE SIGNED: 30 Mar 53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 4-1-1953

NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE RECD BY LOCAL REGISTRAR: Apr 1, 1953

REGISTRAR'S SIGNATURE: Elias H Bowers

24. FUNERAL DIRECTOR: C. M. Suter & Sons, Hagerstown, Maryland ADDRESS

VS. A15

RECEIVED
APR 6 1953
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY Washington MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE West Virginia COUNTY Morgan |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) 1 day | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cherry Run |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital | STREET ADDRESS (If rural, give location) R.F.D. |

| | | | |
|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) (First) Samuel (Middle) N (Last) Mc Cullough | | 4. DATE OF DEATH (Month) March (Day) 22 (Year) 1953 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH March 21, 1884 |
| 9. AGE last birthday 69 yrs. | If under 1 year Months / Days 1 | If under 24 hrs. Hours / Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Telegraph operator | 10b. KIND OF BUSINESS OR INDUSTRY Rail Road | 11. BIRTHPLACE (State or foreign country) Morgan County, W.Va. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13. FATHER'S NAME William H. Mc Cullough | | 14. MOTHER'S MAIDEN NAME Kate Rockwell | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | 16. SOCIAL SECURITY No. | 17. INFORMANT AND ADDRESS Mrs. Glenna Payne. Kemps Mill, Md. | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary [illegible] — [illegible]

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ..... (c) .....

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible] 19..... to [illegible] 19....., that I last saw the deceased alive on 22/53, 19....., and that death occurred at 11:00 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[illegible]

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 3-25-53 | NAME OF CEMETERY OR CREMATORY Bethel, Morgan County | LOCATION (City, town, or county) W.Va. (State) |
| DATE REC'D BY LOCAL REG. Mar. 24, 1953 | REGISTRAR'S SIGNATURE Chas. H. Howard | 24. FUNERAL DIRECTOR Howard K. Brown, Martinsburg, W.Va. | ADDRESS |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Dr Wells

Reg. Dist. No. 361

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-15A

1. PLACE OF DEATH: COUNTY Washington; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport
LENGTH OF STAY (In this place) 2 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Nalley Farm

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 114 Greenmount Ave

3. NAME OF DECEASED (Type or Print): (First) ROBERT (Middle) LESTER (Last) McINTIRE

4. DATE OF DEATH (Month) (Day) (Year): Mar 19 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct 15 1901

9. AGE last birthday: 51 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman Templet Dept

10b. KIND OF BUSINESS OR INDUSTRY: Fairchild

11. BIRTHPLACE (State or foreign country): Butler Pa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert R. McIntire

14. MOTHER'S MAIDEN NAME: Jessie Kirkpatrick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service) -----

16. SOCIAL SECURITY NO. 217-09-8879

17. INFORMANT AND ADDRESS: Mrs Juliette McIntire 114 Greenmount Ave Hagerstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) .....

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute Coronary occlusion

(c) .....

INTERVAL BETWEEN ONSET AND DEATH: about 7 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) None m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? (Fell dead at Club House)

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) S. Robert Wells M.D. MEDICAL ADDRESS 115 N. Potomac St. WASH. CO., MD. Hagerstown, Md. DATE SIGNED 3/20/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial; DATE THEREOF March 22 1953; NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery; LOCATION (City, town, or county) (State) Hagerstown, Md

DATE REC'D BY LOCAL REG. Mar. 21, 1953; REGISTRAR'S SIGNATURE E Lee McElroy

24. FUNERAL DIRECTOR ADDRESS: Andrew K. Coffman Hagerstown, Md.

ITEM 7: SINGLE; film G153 4-22-53 LL

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 305

1. PLACE OF DEATH — COUNTY: Washington — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Breathedsville Rural
LENGTH OF STAY (In this place): Life.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Boonsboro Md. R.1

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Breathedsville Rural
STREET ADDRESS (If rural, give location): Boonsboro Md. R.1

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Dixon (Last) McNamee
4. DATE OF DEATH: (Month) March (Day) 16 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Retired
8. DATE OF BIRTH: Sept. 7 - 1878
9. AGE last birthday: 74-6-9 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Conductor - Retired
10b. KIND OF BUSINESS OR INDUSTRY: B.&O.R.R.Co.
11. BIRTHPLACE (State or foreign country): Wash. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William McNamee
14. MOTHER'S MAIDEN NAME: Anna Cross
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 705-09-2872
17. INFORMANT: Mrs. Edward McNamee - Hagerstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) 4 ...

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerotic myocardial — 3 yrs

(c) heart failure grade IV

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? (note: Found dead at home)

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: S. Rohr & Wells, MD. (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO., MD.
ADDRESS: 115 N. Potomac St. Hagerstown, Md.
DATE SIGNED: 3/18/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: March 18, 1953
NAME OF CEMETERY OR CREMATORY: Manor Cemetery
LOCATION (City, town, or county) (State): Near Hagerstown Wash. Co. Md.
DATE REC'D BY LOCAL REG.: March 18, 1953
REGISTRAR'S SIGNATURE: John D. Bast
24. FUNERAL DIRECTOR: W. G. Bast & Sons
ADDRESS: Boonsboro Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAR 23 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 307

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sandy Hook
LENGTH OF STAY (in this place) 70 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Residence

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sandy Hook
STREET ADDRESS (If rural, give location) Main Street

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) FRANKLIN (Last) MIRLEY
4. DATE OF DEATH (Month) March (Day) 28, (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Dec. 2, 1882
9. AGE last birthday 70 yrs. If under 1 year Months 3 Days 26 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad Conductor
10b. KIND OF BUSINESS OR INDUSTRY Passenger Train
11. BIRTHPLACE (State or foreign country) Sandy Hook, Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME George Frederick Mirley
14. MOTHER'S MAIDEN NAME Nora Rosina Hammond
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 705-09-7716
17. INFORMANT AND ADDRESS Carrie A. Mirley Box 141, R.F.D. #1, Knoxville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|---|
| 260X | Immediate cause (a) | Coronary occlusion | [illegible] |
| | Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) | Diabetes mellitus | 12 yrs. |
| | (c) | | |

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-20-, 1953, to 3-28, 1953, that I last saw the deceased alive on 3-28, 1953, and that death occurred at 9:40P. m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) [signature] ADDRESS Brunswick, Md DATE SIGNED 3-30-53

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 3/28/53
NAME OF CEMETERY OR CREMATORY Virts Cemetery
LOCATION (City, town, or county) (State) Sandy Hook, Maryland

DATE REC'D BY LOCAL REG. 3/30/53
REGISTRAR'S SIGNATURE [signature] Deputy
24. FUNERAL DIRECTOR J. Donald Eackles ADDRESS Bolivar, West Va.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS AIS

Dr. Philip J. Hirshman
159 W. Wash. St.
Tel. 528

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct [illegible] is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]346

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

1 PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 929 Guilford Avenue

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 929 Guilford Ave.

3. NAME OF DECEASED: (Type or Print) (First) Sallie (Middle) (Last) Moler
4. DATE OF DEATH: (Month) March (Day) 8, (Year) 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: June 11-1864
9. AGE last birthday: 88-4-27 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Gapland Wash. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: James W. Remsburg
14. MOTHER'S MAIDEN NAME: Elizabeth
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs. Margery Moler 929 Guilford Ave. Hagerstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion
DUE TO Arteriosclerotic Heart Disease
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertension
DUE TO
(c)

Interval Between Onset And Death: Immediate; Yes; Yes

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 20, 1948, to March 8, 1953, that I last saw the deceased alive on March 27, 1953, and that death occurred at 2:30 Am, from the causes and on the date stated above.
SIGNATURE (Degree or title) [signature] MD
ADDRESS Hagerstown
DATE SIGNED 3/9/53

23. BURIAL, CREMATION, REMOVAL (Specify) Buried
DATE THEREOF March 10-1953
NAME OF CEMETERY OR CREMATORY Boonsboro Cemetery
LOCATION (City, town, or county) (State) Boonsboro Wash. Co. Md
DATE REC'D BY LOCAL REGISTRAR Mar. 9, 1950
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Wm. F. Bast & Sons
ADDRESS Boonsboro Md

RECEIVED
MAR 11 1953

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown, Md
LENGTH OF STAY (in this place) 45 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown, Maryland
STREET ADDRESS (If rural give location) 117 Clarkson Ave.

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) Edward (Last) Monroe
4. DATE OF DEATH: (Month) March (Day) 25 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: July 22 1890
9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fire Cleaner
10b. KIND OF BUSINESS OR INDUSTRY: W.M. Railroad
11. BIRTHPLACE (State or foreign country): Sharpsburg, Md.
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Thomas Monroe
14. MOTHER'S MAIDEN NAME: Emma Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 705-10-4662
17. INFORMANT & ADDRESS: Mrs Sallie C. Monroe 117 Clarkson Ave.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 5 hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO Arteriosclerosis — years
(b) DUE TO Hypertension — years
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☒
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/30 1950 to March 25th 1953 that I last saw the deceased alive on March 25th, 1953, and that death occurred at 8 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] MD
ADDRESS Hagerstown Md
DATE SIGNED 3/27/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3-28-1953
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Maryland.

DATE REC'D BY LOCAL REGISTRAR Mar. 28. 1953
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR John R Watson Jr. 24 W. Bethel St Hagerstown Md.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 115

MAR 31 1953
BUREAU V. C

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASHINGTON |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN — LENGTH OF STAY (in this place) 30 YRS. | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON COUNTY HOSPITAL | STREET ADDRESS (If rural, give location) 619 FREDERICK ST. |

| | | | | | |
|---|---|---|---|---|---|
| 3. NAME OF DECEASED: (Type or Print) | (First) ZORA | (Middle) ANNA | (Last) MOZINGO | 4. DATE OF DEATH: | (Month) MARCH (Day) 4 (Year) 1953 |
| 5. SEX: FEMALE | 6. COLOR OR RACE: WHITE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH: 6/2/1870 | 9. AGE last birthday: 82 yrs. | IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE | 10b. KIND OF BUSINESS OR INDUSTRY: HOME | 11. BIRTHPLACE (State or foreign country): VIRGINIA | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | |
| 13. FATHER'S NAME: SAMUEL E. COFFMAN | 14. MOTHER'S MAIDEN NAME: ELISA ALGER | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) NO | 16. SOCIAL SECURITY NO.: NONE | 17. INFORMANT & ADDRESS: MRS. VINNIE MOZINGO HAGERSTOWN MD. | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

002X

Immediate cause (a) Pulmonary tuberculosis — Years

DUE TO

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis — Years

| | | |
|---|---|---|
| 19a. DATE OF OPERATION: None | 19b. MAJOR FINDINGS OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☑ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) M. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from Feb. 16, 1953, to Mar. 4, 1953, that I last saw the deceased alive on March 4, 1953, and that death occurred at 7:00 P.m., from the causes and on the date stated above.

SIGNATURE R. A. Bell (DEGREE OR TITLE) M.D. ADDRESS Hagerstown, Maryland DATE SIGNED Mar. 6, 1953

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 3/7/53 | NAME OF CEMETERY OR CREMATORY Rose Hill Cem. | LOCATION (City, town, or county) Hagerstown (State) Md. |
| DATE REC'D BY LOCAL Mar. 6. 1953 | REGISTRAR'S SIGNATURE Chas. H. Bowers | 24. FUNERAL DIRECTOR W. T. Norment | ADDRESS Hagerstown, Md. |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-AM 8-

MAR 9

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (1954)

# CERTIFICATE OF DEATH

Dr Moran

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY—WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Washington — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 24 Hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural give location): 1024 Maine Ave

3. NAME OF DECEASED: (Type or Print) (First) ERNEST (Middle) CLAYTON (Last) MUNDEY

4. DATE OF DEATH: (Month) Mar (Day) 22 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jany 28 1898

9. AGE last birthday: 55 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Electritaan

10b. KIND OF BUSINESS OR INDUSTRY: Fairchild Air

11. BIRTHPLACE (State or foreign country): Hagerstown Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Norman Mundey

14. MOTHER'S MAIDEN NAME: Anna Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yess — (If Yes, give war or dates of service): W.W. #1

16. SOCIAL SECURITY NO.: 214-09-6781

17. INFORMANT & ADDRESS: Mrs Anna Mundey 1024 Maine Ave Hagerstown Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

162X

Immediate cause — (a) Generalized Carcinomatosis — Interval Between Onset And Death: 6 mos.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — DUE TO (b) Branchiogenic carcinoma, rt lung.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 4, 1953, to Mar. 22, 1953, that I last saw the deceased alive on Mar. 22, 1953, and that death occurred at 8.30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): John A. Moran M.D. — ADDRESS: 215 W. Washington St. Hagerstown — DATE SIGNED: 3/23/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 3/24/53 — NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery — LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR: Mar 24 1953 — REGISTRAR'S SIGNATURE: Chas H. Bowers

24. FUNERAL DIRECTOR — ADDRESS: Andrew K. Coffman Hagerstown Md

VS. A15

CEIVED
U V. S.

Item 9 FilmC152 3/23/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 63350

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**1. PLACE OF DEATH:**
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. Co. Hospital

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE: Pennsylvania — Franklin
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chambersburg
STREET ADDRESS (If rural give location): 502 South Main Street

**3. NAME OF DECEASED:** (Type or Print) (First) Samuel (Middle) John (Last) Myers

**4. DATE OF DEATH:** (Month) Mar. (Day) 15 (Year) 19 53

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday: | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | Single | 4-3-1887 | 65 ~~64~~ yrs. | | | | |

| 10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Beverage Distr. | Own own business | Chambersburg, Pa. | U.S.A. |

13. FATHER'S NAME: John Myers

14. MOTHER'S MAIDEN NAME: Emmice Danfelt

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS |
|---|---|---|
| NO | 180-26-7266 | Charles D. Myers Chambersburg, Pa. |

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

4230 Immediate cause (a) Arteriosclerotic heart disease — 6 mos -

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Hypertensive cardiovascular disease — years
DUE TO (c) Nephrosclerosis — years.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 10, 1953, to Mar 15, 1953, that I last saw the deceased alive on Mar 15, 1953, and that death occurred at 3 A. M., from the causes and on the date stated above.

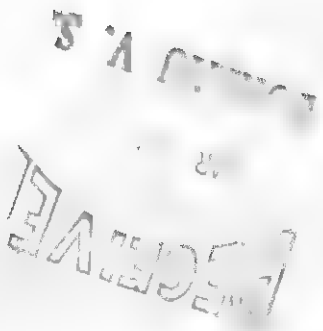
SIGNATURE: P. L. Stauffer M.D. (Degree or title) — ADDRESS: Hagerstown, Md — DATE SIGNED: Mar. 16, 1953

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 3-18-1953 | Lincoln Cemetery | Chambersburg, Pa. |

DATE REC'D BY LOCAL REGISTRAR: Mar 16, 1953 — REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR — ADDRESS: Sellers Funeral Home, Chambersburg, Pa.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

# CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural, Hagerstown #5
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Near Smithsburg

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural, Leitersburg
STREET ADDRESS (If rural give location) Hagerstown Md #5

3. NAME OF DECEASED: (Type or Print) (First) Alice (Middle) May (Last) Newcomer
4. DATE OF DEATH: (Month) March (Day) 10, (Year) 1953
5. SEX: F
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W.
8. DATE OF BIRTH: June 28, 1861
9. AGE last birthday: 91 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: House Duties
11. BIRTHPLACE (State or foreign country): Leitersburg Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Samuel Martin
14. MOTHER'S MAIDEN NAME: Aletha Snyder
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Arthur M. Newcomer, Hagerstown Md #5

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset And Death |
|---|---|---|
| 420.0 Immediate cause | (a) Acute myocardial infarction | 28 days |
| Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. | DUE TO (b) arterio sclerotic heart disease | 15 years |
| | DUE TO (c) Generalized arterio-sclerosis. | 20 years. |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-23-1932, to 3-10, 1953, that I last saw the deceased alive on 3-9, 1953, and that death occurred at 4:20 a.m. from the causes and on the date stated above.
SIGNATURE (Degree or title) Walter H. Wishard M.D. ADDRESS 150 W Main Waynesboro Pa DATE SIGNED 3-10-53

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial
DATE THEREOF 3/12/53
NAME OF CEMETERY OR CREMATORY Leitersburg Lutheran
LOCATION (City, town, or county) Hagerstown (State) Md. #5
DATE REC'D BY LOCAL REGISTRAR Mar 11-53
REGISTRAR'S SIGNATURE Geo. W. Ferguson
24. FUNERAL DIRECTOR Walter Y. Grove, ADDRESS Waynesboro Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 16 1953
BUREAU V.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Dr Hochlander

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown R # 6 — LENGTH OF STAY (in this place) 4 Yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS Paramount

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown R # 6

STREET ADDRESS (If rural give location) Paramount

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) BEAVER (Last) NIGH

4. DATE OF DEATH: (Month) (Day) (Year) March 20 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower

8. DATE OF BIRTH: Nov 21 1871

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Live Stock Dealer Retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country) Leitersburg Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: David F. Nigh

14. MOTHER'S MAIDEN NAME: Mary Jane Beaver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ------

16. SOCIAL SECURITY No.: 220-18-1004

17. INFORMANT & ADDRESS: Mrs Ernest Dayhoff Hagerstown Md. R # 6

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.1 (a) Coronary Thrombosis — Interval Between Onset And Death 5 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 March, 1953, to 20 March, 1953, that I last saw the deceased alive on 1 9 March 1953, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Chas H Woodbine M.D. — ADDRESS Hagerstown — DATE SIGNED 3/21/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 3/23/53 — NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery — LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR Mar. 23 1953 — REGISTRAR'S SIGNATURE Chas H. Bowers

24. FUNERAL DIRECTOR Andrew K. Coffman — ADDRESS Hagerstown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

ECEIVED
MAR 3 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 316

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Keedysville - Rural.
LENGTH OF STAY (in this place) 36 years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Keedysville Md. R. 1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Keedysville - Rural.
STREET ADDRESS (If rural, give location) Keedysville R. 1.

3. NAME OF DECEASED (Type or Print) (First) Benjamin (Middle) R. (Last) Nyman
4. DATE OF DEATH (Month) March (Day) 11. (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH March 14 - 1886
9. AGE last birthday 66-11-27 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Boonsboro Wash. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George W. Nyman
14. MOTHER'S MAIDEN NAME Sarah J.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None.
17. INFORMANT AND ADDRESS Miss Myra J. Nyman Boonsboro Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 422.2 Immediate cause | (a) Acute Coronary Occlusion | Sudden |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Chronic Myocarditis | 1 year |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dead on arrival, 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 3.30 P. m., from the causes and on the date stated above.

SIGNATURE J. Hulcott Wade (Degree or title) M. D. ADDRESS Boonsboro. Md. DATE SIGNED 3-13-53.

23. BURIAL, CREMATION REMOVAL (Specify) Burial.
DATE THEREOF March. 14. 1953
NAME OF CEMETERY OR CREMATORY Boonsboro Cemetery
LOCATION (City, town, or county) (State) Boonsboro Wash. Co. Md.

DATE REC'D BY LOCAL REG. Mar 14 53
REGISTRAR'S SIGNATURE B. H. Fleeting
24. FUNERAL DIRECTOR Wm. F. Rastfuss ADDRESS Boonsboro Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 T

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MAR 16 19[illegible]
BUREAU V[illegible]

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (1935)

# CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Hagerstown
LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharpsburg
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Harvey (Middle) Lee (Last) Poffenberger

4. DATE OF DEATH: (Month) March (Day) 28 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Nov. 20 1880

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farm Owner

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Sharpsburg, Md

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Otho J. Poffenberger

14. MOTHER'S MAIDEN NAME: Elizabeth Welch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs. Flora Poffenberger- Hagerstown, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic heart disease — Interval Between Onset And Death: 5 Yrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1950, 19 , to 2/28/53, 19 , that I last saw the deceased alive on 3/23/53, 19 , and that death occurred at 12:05 P. , from the causes and on the date stated above.

SIGNATURE (Degree or title) Walter H. Shealy M.D. ADDRESS Sharpsburg, Md. DATE SIGNED 3/30/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 3-31-53 NAME OF CEMETERY OR CREMATORY Mt. View LOCATION (City, town, or county) (State) Sharpsburg, Md

DATE REC'D BY LOCAL REGISTRAR Mar. 30 1953 REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR ADDRESS R. I. Earnshaw--Keedysville, Md

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 3[illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural-Sharpsburg
LENGTH OF STAY (in this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural-Sharpsburg
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First) Harvey (Middle) Line (Last) Roffenberger

4. DATE OF DEATH: (Month) March (Day) 7 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Aug. 22 1864

9. AGE last birthday: 88 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm Owner

11. BIRTHPLACE (State or foreign country): Fair-play, Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Christian Roffenberger

14. MOTHER'S MAIDEN NAME: Mary Ann Line

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mr. Evans Roffenberger- Boonsboro, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Arteriosclerotic heart disease — Interval Between Onset And Death: 10 Yrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis — 10 Yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Senility and Chronic passive congestion - heart failure — 2 months

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1950 ....,19... , to 3/7/53 , 19. , that I last saw the deceased alive on 3/6/53 19 , and that death occurred at 9:55 A , from the causes and on the date stated above.

SIGNATURE (Degree or title): Walter L. Shaw M.D.
ADDRESS: Sharpsburg, Md.
DATE SIGNED: March 9, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 3-10-53
NAME OF CEMETERY OR CREMATORY: Mt. View
LOCATION (City, town, or county) (State): Sharpsburg, Md

DATE RECD BY LOCAL REGISTRAR: 3-10-53
REGISTRAR'S SIGNATURE: Earl Draper

24. FUNERAL DIRECTOR: R. I. Earnshaw--Keedysville, Md
ADDRESS

VS. A15

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APR
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 C 356

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 50 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 161 N Jonathan Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown, Maryland
STREET ADDRESS (If rural give location) 161 N. Jonathan Street

3. NAME OF DECEASED: (Type or Print) (First) Marry (Middle) J. (Last) Pratt
4. DATE OF DEATH: (Month) 3 (Day) 18 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 2-24-1879
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Cook
10b. KIND OF BUSINESS OR INDUSTRY: Private family
11. BIRTHPLACE (State or foreign country): Little Washington, Va.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknow
14. MOTHER'S MAIDEN NAME: Unknow

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Henry Pratt 161 N Jonathan St.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4200

Immediate cause (a) Arteriosclerotic Heart Disease — Interval Between Onset And Death: Years

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 24, 1953, to March 18, 1953, that I last saw the deceased alive on March 17, 1953, and that death occurred at 9 Am, from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) MD
ADDRESS Hagerstown Md
DATE SIGNED 3/19/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3-23-1953
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Md

DATE REC'D BY LOCAL REGISTRAR Mar 23, 1953
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR John R Watson Jr. Hagerstown
ADDRESS Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MAR 26

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03357

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 822 Frederick Street

3. NAME OF DECEASED: (Type or Print) Karl (First) Wade (Middle) Rohrer (Last)
4. DATE OF DEATH: (Month) Mar. (Day) 16 (Year) 1953

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Mar. 28, 1906
9. AGE last birthday: 46 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life even if retired): Sales Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Auto Parts
11. BIRTHPLACE (State or foreign country): Hagerstown Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wade H. Rohrer
14. MOTHER'S MAIDEN NAME: Leila Unger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) ----
16. SOCIAL SECURITY NO.: 214-09-1333
17. INFORMANT & ADDRESS: Mrs. Jeanette Rohrer, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) DUE TO Hypertension Cardio Vascular

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Disease

(c)

Interval Between Onset And Death: 4 mo

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-12, 1952, to 3/16/53 19...., that I last saw the deceased alive on 3/16/53, 19 ...., and that death occurred at 7:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] ADDRESS [signature] DATE SIGNED 3/17/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Mar. 19, 1953
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Md.
DATE REC'D BY LOCAL REGISTRAR Mar 19, 1953
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Scott F. Minnich & Son ADDRESS Hag. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 23 1953
BUREAU M

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (In this place) 50 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Liberty St. Ext.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural, give location) Liberty St. Ext.

3. NAME OF DECEASED (Type or Print): (First) Margie (Middle) Fannie (Last) Roser

4. DATE OF DEATH: (Month) Mar. (Day) 1 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widow

8. DATE OF BIRTH: 4-17-1879

9. AGE last birthday: 73 yrs. If under 1 year: Months 10, Days 13, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ortana, Pa.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Joseph Taylor

14. MOTHER'S MAIDEN NAME: Eliza Stultz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: Vernie Wilson, Hagerstown, Md.

### 18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1

Immediate cause (a) Arterio-sclerotic myocardial heart failure Grade IV

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Bronchial asthma

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF INJURY office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection ✓, Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident , suicide , homicide , undetermined .*

SIGNATURE (Degree or title) A.M. ADDRESS DATE SIGNED

S. Robert Wells M.D DEPUTY WASH. CO C.D. 115 N. Patomac Hagerstown, Md. 3/2/53

23. BURIAL, CREMATION OR REMOVAL (Specify) Burial | DATE THEREOF 3-4-1953 | NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery | LOCATION (City, town, or county) Hagerstown, Md. (State)

DATE REC'D BY LOCAL REG. 3.4.1953 | REGISTRAR'S SIGNATURE Robert Bowers

24. FUNERAL DIRECTOR C. M. Suter & Sons, Hagerstown, Md. ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Dr Keadle

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 9½ Hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown R # 6
STREET ADDRESS (If rural give location) Paramount

3. NAME OF DECEASED: (Type or Print) (First) PRUDENCE (Middle) AGNES (Last) ROWLAND
4. DATE OF DEATH: (Month) (Day) (Year) March 13 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH: Sept 30 1874
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Near Downsville Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Jacob Fahrney
14. MOTHER'S MAIDEN NAME: Elizabeth Middlekauff
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ----
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Miss Pauline P Rowland Hagerstown Md. R # 6

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

2900

Immediate cause (a) Coronary occlusion either embolus or thrombosis

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic heart disease.

DUE TO (c) Pernicious anemia.

Interval Between Onset And Death: 12 hrs indef.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Oct, 1950, to 3-13, 1953, that I last saw the deceased alive on 3-13, 1953, and that death occurred at , from the causes and on the date stated above.

SIGNATURE Robert F. Keadle (Degree or title) M.D. ADDRESS Hagerstown Md. DATE SIGNED 3-14-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3/16/53
NAME OF CEMETERY OR CREMATORY Manor Cemetery
LOCATION (City, town, or county) near Tilghmanton Md (State)
DATE REC'D BY LOCAL REGISTRAR Mar. 16. 1953
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR Andrew K. Coffman Hagerstown Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 18 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03360

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garlock Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Penn. COUNTY Franklin
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Greencastle
STREET ADDRESS (If rural give location) Lyndon Ave

3. NAME OF DECEASED: (Type or Print) (First) Effie (Middle) Irene (Last) St. Clair
4. DATE OF DEATH: (Month) March (Day) 15 (Year) 19 53

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: Apr. 10, 1877
9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country) Mc Connellsburg Pa.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Bemjamine F. Shimer
14. MOTHER'S MAIDEN NAME: Elizebeth Doyle

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: ---
17. INFORMANT & ADDRESS: Mrs. Olive Crouse Mc Connellsburg Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4221

Immediate cause (a) Arterio sclerotic Cardio vascular Disease — Interval Between Onset And Death 10 yrs +

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Wind myocardial failure DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 March, 1953, to 15 March, 1953, that I last saw the deceased alive on 15 Mar, 1953, and that death occurred at 10:00 A M, from the causes and on the date stated above.

SIGNATURE F. F. Lusby (Degree or title) MD ADDRESS 230 N Potomac DATE SIGNED 15 Mar 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Mar. 18, 1953
NAME OF CEMETERY OR CREMATORY Union Cemetery
LOCATION (City, town, or county) Mc. Connellsburg Pa. (State)
DATE REC'D BY LOCAL REGISTRAR Mar. 15, 1953
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR Scott F. Minnich & Son Hag. ADDRESS Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

160

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

## CERTIFICATE OF DEATH

Reg. Dist. No. 303

**1. PLACE OF DEATH:**
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Big Pool, Md.
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Residence Big Pool, Road

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Big Pool Md. Rural
STREET ADDRESS (If rural, give location)

**3. NAME OF DECEASED:** (Type or Print) (First) (Middle) (Last) Amelia Catherine Shank

**4. DATE OF DEATH:** (Month) (Day) (Year) March 9 1953

**5. SEX:** Female
**6. COLOR OR RACE:** White
**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** Single
**8. DATE OF BIRTH:** January 12, ,1871
**9. AGE last birthday:** 82 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Home Duties
**10b. KIND OF BUSINESS OR INDUSTRY:** Home
**11. BIRTHPLACE** (State or foreign country): Wash. Co., Md.
**12. CITIZEN OF WHAT COUNTRY?** U S A

**13. FATHER'S NAME:** Lancelot Shank
**14. MOTHER'S MAIDEN NAME:** Ann Elizabeth ( Tedrick ) Shank

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) (If Yes, give war or dates of service)
**16. SOCIAL SECURITY NO.:** None
**17. INFORMANT & ADDRESS:** Chester B. Shank- Big Pool, Md. R D

**18. MEDICAL CERTIFICATION**

**I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:**

420.1

Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 month

DUE TO

Antecedent cause(s) (b) Arterio Sclerosis — 10 years

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

**II. OTHER SIGNIFICANT CONDITIONS:** Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION:**
**19b. MAJOR FINDINGS OF OPERATION:**
**20. AUTOPSY?** Yes ☐ No ☐

**21. ACCIDENT SUICIDE HOMICIDE** (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 5, 1953, to Mar 9, 1953, that I last saw the deceased alive on Mar 9, 1953, and that death occurred at 2.30 P.m., from the causes and on the date stated above.

SIGNATURE David P. Brewer (DEGREE OR TITLE) M.D. ADDRESS Clear Spring Md. DATE SIGNED 3/12/53

**23. BURIAL, CREMATION REMOVAL (Specify):** Burial
DATE THEREOF Mar. 12-53
NAME OF CEMETERY OR CREMATORY Clair's Valley Cemetery
LOCATION (City, town, or county) (State) Near Clear Spring, Md.

DATE REC'D BY LOCAL REG. March 11-53
REGISTRAR'S SIGNATURE Joseph W. Murray Local
24. FUNERAL DIRECTOR Adrian W. Rowland ADDRESS Clear Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A25 8-53

RECEIVED
MAR 19 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

**1. PLACE OF DEATH:**
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport
STREET ADDRESS (If rural, give location) 124 S. Conococheague Street

**3. NAME OF DECEASED:** (Type or Print) (First) William (Middle) Nathaniel (Last) Shipley

**4. DATE OF DEATH:** (Month) March (Day) 19 (Year) 1953

**5. SEX:** Male — Male
**6. COLOR OR RACE:** White
**7. SINGLE, MARRIED, WIDOWED, DIVORCED,** (Specify) Married
**8. DATE OF BIRTH:** Dec. 6 1906
**9. AGE last birthday:** 46 yrs. IF UNDER 1 YEAR: Months 3 Days 12 IF UNDER 24 HRS.: Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Policeman
**10b. KIND OF BUSINESS OR INDUSTRY:** Williamsport Md
**11. BIRTHPLACE** (State or foreign country): Williamsport Md.
**12. CITIZEN OF WHAT COUNTRY?** USA

**13. FATHER'S NAME:** Ira Milton Shipley
**14. MOTHER'S MAIDEN NAME:** Mary Elizabeth Turner

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) Yes (If Yes, give war or dates of service) 7-9-30
**16. SOCIAL SECURITY No.:** 220-18-1388
**17. INFORMANT & ADDRESS:** 124 Conococheague St. Mrs. Genevie Shipley (Williamsport Md.

**18. MEDICAL CERTIFICATION**

**I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:** 430.0

Immediate cause (a) Subacute Bacterial Endocarditis & Congestive — INTERVAL BETWEEN ONSET AND DEATH
DUE TO
Antecedent cause(s) (b) Heart Failure & Mitral Insufficiency — 1 year
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

**II. OTHER SIGNIFICANT CONDITIONS:** Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION:**
**19b. MAJOR FINDINGS OF OPERATION:**
**20. AUTOPSY?** Yes ☐ No ☐

**21. ACCIDENT SUICIDE HOMICIDE** (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/19/53 19....., to 3/19/53 19....., that I last saw the deceased alive on 3/19/53, 19....., and that death occurred at 2:30 P.M., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) M. D. ADDRESS Williamsport Md DATE SIGNED 3/21/53

**23. BURIAL, CREMATION REMOVAL** (Specify): Burial
DATE THEREOF March 22-53
NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery
LOCATION (City, town, or county) Williamsport Md. (State)
DATE REC'D BY LOCAL REG. Mar. 21, 1953
REGISTRAR'S SIGNATURE Chas. H. Bowers
**24. FUNERAL DIRECTOR** Albert L. Leaf Williamsport Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 24 1953
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03363

# CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boonsboro
LENGTH OF STAY (in this place) 3 years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Guilford Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Locust Grove - Rural
STREET ADDRESS (If rural give location) Rohrersville Md. R.1.

3. NAME OF DECEASED: (Type or Print) (First) Harriet (Middle) A. (Last) Slifer
4. DATE OF DEATH: (Month) March (Day) 4. (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Febry. 28 - 1863
9. AGE last birthday: 90-0-6 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): House Keeper
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Park Hall Wash. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Slifer
14. MOTHER'S MAIDEN NAME: Amanda Hutzell

15. WAS DECEASED (Yes, no, or unk.) No
EVER IN U.S. ARMED FORCES? (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None.
17. INFORMANT & ADDRESS: Raymond Shifler Rohrersville Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
453.0
Immediate cause (a) Generalized arteriosclerosis
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

Interval Between Onset And Death 5 yrs

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

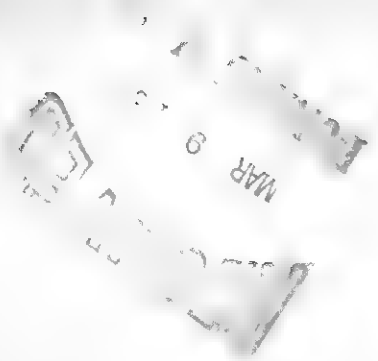
22. I hereby certify that I attended the deceased from Feb. 20, 1953, to March 4, 1953, that I last saw the deceased alive on March 3, 1953, and that death occurred at 12.40 A.M.; from the causes and on the date stated above.
SIGNATURE (Degree or title) G. W. Leven M.D. ADDRESS Boonsboro DATE SIGNED 3/5/53.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF March 6. 1953
NAME OF CEMETERY OR CREMATORY Locust Grove Cemetery
LOCATION (City, town, or county) Locust Grove Wash. Co. Md (State)
DATE REC'D BY LOCAL REGISTRAR March 6. 1953
REGISTRAR'S SIGNATURE John H. Bast
24. FUNERAL DIRECTOR Wm. F. Bast & Sons ADDRESS Boonsboro Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15


MAR 9

Item 9 FilmG152 4/6/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hag erstown
LENGTH OF STAY (in this place) 34 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 314 E. Franklin St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural, give location) 314 E. Franklin St.

3. NAME OF DECEASED: (Type or Print) (First) Bertha (Middle) Viola (Last) Smith

4. DATE OF DEATH: (Month) March (Day) 14 (Year) 19 53

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: May 17, 1887
9. AGE last birthday: ~~64~~ 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Pleasent Valley Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Brown
14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Howard Smith Chewsville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 42[illegible]2

| | | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|---|
| Immediate cause | (a) | Acute dilatation of heart | 12 hours |
| | DUE TO | | |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last | (b) | Chronic myocarditis | years |
| | DUE TO | | |
| | (c) | | |

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) no M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/5, 1952, to 3/14, 1953, that I last saw the deceased alive on 3/14, 1953 and that death occurred at 8 05 p.m., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) ADDRESS 119 E Antietam St. Hagerstown Md DATE SIGNED 3/15/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 3-17-53
NAME OF CEMETERY OR CREMATORY Bethel Church of God
LOCATION (City, town, or county) (State) Cascade Md.

DATE REC'D BY LOCAL Mar. 17. 1953
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR Scott F. Minnich & Son Hag. ADDRESS Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 3-5

RECEIVED
MAR 19 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

365

# CERTIFICATE OF DEATH

Reg. Dist. No. 303

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown Md #2
LENGTH OF STAY (in this place) 1 month.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gate Way Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pa. COUNTY Franklin
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Waynesboro
STREET ADDRESS (If rural give location) 125 Tritle Ave.

3. NAME OF DECEASED: (Type or Print) (First) Emma (Middle) (Last) Smith.
4. DATE OF DEATH: (Month) March (Day) 30 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Oct. 1, 1872
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Presser
10b. KIND OF BUSINESS OR INDUSTRY: Coat Factory
11. BIRTHPLACE (State or foreign country): Waynesboro R.D.2 Pa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Smith.
14. MOTHER'S MAIDEN NAME: Caroline Rock

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs Emma Jane Coal 125 Tritle Ave Waynesboro, Pa

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

334X

Immediate cause (a) Cerebral Sclerosis — Interval Between Onset And Death 2 yrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 10, 1953, to Mar 30, 1953, that I last saw the deceased alive on Mar 29, 1953, and that death occurred at 5 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) David P. Brewer M.D. ADDRESS Clear Spring Md. DATE SIGNED 3/30/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4/2/1953
NAME OF CEMETERY OR CREMATORY Green Hill
LOCATION (City, town, or county) Waynesboro (State) Pa.
DATE REC'D BY LOCAL REGISTRAR March 30-53
REGISTRAR'S SIGNATURE Lewy M. Forkles Deputy Local
24. FUNERAL DIRECTOR Walter Y. Grove ADDRESS Waynesboro, Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 9 19
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 306

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cavetown | LENGTH OF STAY (In this place) 25 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cavetown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Gilbert (Middle) Benjamin (Last) Smith
4. DATE OF DEATH: (Month) March (Day) 31 (Year) 53

5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: Mar. 21, 1906
9. AGE last birthday: 47 yrs. | If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Canning Indus.
11. BIRTHPLACE (State or foreign country): Smithsburg, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George B. Smith
14. MOTHER'S MAIDEN NAME: Norma M. Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: 220-10-3468
17. INFORMANT AND ADDRESS: Mrs. Norma M. Smith, Cavetown

### 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) 940.3

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Burns (charred) to face, body and extremities — 10min.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE: WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Factory of Canning (CITY OR TOWN) Cavetown (COUNTY) Wash. (STATE) Md.
TIME OF INJURY (Month) 3 (Day) 31 (Year) 53 (Hour) 7 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Caught fire while burning brush.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE S. Robert Mellott M.D. (Degree or title) DEPUTY MEDICAL EXAMINER WASH. CO.
ADDRESS 115 N. Potomac St. Hagerstown, Md.
DATE SIGNED 3.31.53

23. BURIAL, CREMATION, REMOVAL (Specify): burial
DATE THEREOF Apr. 2, 1953
NAME OF CEMETERY OR CREMATORY: Smithsburg Cemetery
LOCATION (City, town, or county) (State): Smithsburg, Md.

DATE REC'D BY LOCAL REG. April 2. 53
REGISTRAR'S SIGNATURE Geo W Ferguson
24. FUNERAL DIRECTOR: Scott F. Minnich & Son, Smithsburg — ADDRESS

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

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161

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1 36

## CERTIFICATE OF DEATH

Reg. Dist. No. 303

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Clearspring
LENGTH OF STAY (in this place) 64 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Clearspring Rt. 1

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Clearspring
STREET ADDRESS (If rural, give location) Clearspring Rt. 1

3. NAME OF DECEASED: (Type or Print) (First) Ann (Middle) Elizabeth (Last) Sowers

4. DATE OF DEATH: (Month) March (Day) 31 (Year) 19 53

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: June 22, 1862
9. AGE last birthday: 91 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Near Downsville Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Eli Heller
14. MOTHER'S MAIDEN NAME: Mary Kreps

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: ----
17. INFORMANT & ADDRESS: Mrs. F.O. Seibert Clearspring Rt. 1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Cerebral Thrombosis, with right hemiplegia | 4 days |
| DUE TO | | |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last | (b) Arteriosclerotic Heart Disease | unknown |
| DUE TO | | |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. NONE

19a. DATE OF OPERATION: NONE
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/23/53, 19....., to 3/31/53, 19....., that I last saw the deceased alive on 3/28/53, 19..... and that death occurred at 3:30 P m., from the causes and on the date stated above.

SIGNATURE Archie Robert Cohen (DEGREE OR TITLE) MD ADDRESS Clear Spring, Maryland DATE SIGNED April 1, 1953

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Apr. 3,1953
NAME OF CEMETERY OR CREMATORY St. Pauls Cemetery
LOCATION (City, town, or county) Near Clearspring (State) Md.

DATE REC'D BY LOCAL Apr. 2, 1953
REGISTRAR'S SIGNATURE Joseph W. Murray Local
24. FUNERAL DIRECTOR Scott F. Minnich & Son ADDRESS Hag. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0 364

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 807 Park Road

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Spezzio
4. DATE OF DEATH: (Month) (Day) (Year) March 11 1953

5. SEX: Boy
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: March 11 1953
9. AGE last birthday: — yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 2 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Hagerstown Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Tullio Spezzio
14. MOTHER'S MAIDEN NAME: Irene Reeder

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Tullio Spezzio 807 Park Road Hagerstown Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Asphyxia DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Atelectasis, massive DUE TO

(c)

Interval Between Onset And Death: From birth (8 hrs 50 min)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Achondroplastic dwarfism

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/11, 1953, to 3/11, 1953, that I last saw the deceased alive on 3/11, 1953 and that death occurred at 8 55 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Frederick D. Dove M.D. ADDRESS Hagerstown Md. DATE SIGNED 3/11/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF March 12-1953
NAME OF CEMETERY OR CREMATORY Boonsboro Cemetery
LOCATION (City, town, or county) (State) Boonsboro Wash. Co. Md.
DATE REC'D BY LOCAL REGISTRAR Mar. 11. 1953
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR Wm. F. Bast & Sons ADDRESS Boonsboro Md.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

RECEIVED
MAR 13 1953
BUREAU V. S.

3465

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 352

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown | LENGTH OF STAY (In this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown - Rural
STREET ADDRESS (If rural, give location): Hagerstown R-3

3. NAME OF DECEASED (Type or Print): (First) Janet (Middle) Marie (Last) Stouffer
DATE OF DEATH: (Month) March (Day) 10 (Year) 1953

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: Dec 25 1933 | 9. AGE last birthday: 19-2-15 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife | 10b. KIND OF BUSINESS OR INDUSTRY: Own Home | 11. BIRTHPLACE (State or foreign country): Locust Grove - Wash. Co., Md | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank B. Babbington | 14. MOTHER'S MAIDEN NAME: Kephart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No | 16. SOCIAL SECURITY NO.: 217-30-5972 | 17. INFORMANT: Herman Stouffer, Hagerstown R-3

### 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 123X Immediate cause | (a) Fractured skull | 4 3 hrs |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) hemorrhage & shock | |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pregnancy 8mos premature delivery (twins female) 3/10'53

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Millpoint route 68 | (CITY OR TOWN): Wash. | (COUNTY) | (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 3 - 4 - 53 12:40 pm | INJURY OCCURRED While at work ☐ Not while at work ☑ | HOW DID INJURY OCCUR? passenger in auto ran into culvert

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: S. Robert Wells M.D. | (Degree or title): DEPUTY MEDICAL EXAMINER WASH. CO., MD. | ADDRESS: Hagerstown Md. | DATE SIGNED: 3-12-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Mar. 13, 1953 | NAME OF CEMETERY OR CREMATORY: Boonsboro Cemetery | LOCATION (City, town, or county) (State): Boonsboro, Wash. Co. Md

DATE REC'D BY LOCAL REG.: MAR 12 1953 | REGISTRAR'S SIGNATURE: [illegible] | 24. FUNERAL DIRECTOR: Wm F. Beat & Sons | ADDRESS: Boonsboro, Md

MAR 16 1933

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

# CERTIFICATE OF DEATH

Dr Bell Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 1 Week
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. county Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: Washington
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 27 West Washington St

3. NAME OF DECEASED: (Type or Print) (First) JULIA (Middle) ELIZABETH (Last) STOUFFER

4. DATE OF DEATH: (Month) Mar (Day) 25 (Year) 1953 19

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH: Jany 12 1887
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Sales woman Peoples Drug Store
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hagerstown Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Brown
14. MOTHER'S MAIDEN NAME: Ida Munson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 214-09-0202A
17. INFORMANT & ADDRESS: Mrs Helen Carper Hagerstown Md. R # 5 Security Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

581.0

Immediate cause (a) Cirrhosis of liver DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) None DUE TO

(c)

Interval Between Onset And Death ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 17, 1953, to Mar. 25, 1953, that I last saw the deceased alive on Mar. 25, 1953, and that death occurred at 1:50 P.M., from the causes and on the date stated above.

SIGNATURE Ra Bell (Degree or title) M.D. ADDRESS Hagerstown, Maryland DATE SIGNED Mar. 27, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3/27/53
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown Md.
DATE REC'D BY LOCAL REGISTRAR Mar. 27, 1953
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

# CERTIFICATE OF DEATH

Reg. Dist. No. 305

**1. PLACE OF DEATH:**

COUNTY Washington MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Boonsboro

LENGTH OF STAY (in this place) 55 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS 121 S. Main St.

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

STATE Maryland COUNTY Washington

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Boonsboro

STREET ADDRESS (If rural give location) 121 S. Main St.

**3. NAME OF DECEASED:** (Type or Print) (First) Luther (Middle) Alvin (Last) Summers

**4. DATE OF DEATH:** (Month) March (Day) 25 (Year) 1953

**5. SEX:** Male

**6. COLOR OR RACE:** White

**7. SINGLE, MARRIED, WIDOWED, DIVORCED,** (Specify): Widowed

**8. DATE OF BIRTH:** April 27 1875

**9. AGE last birthday:** 77-8-28 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

**10a. USUAL OCCUPATION.** Give kind of work done during most of working life, even if retired): Contractor - Retired

**10b. KIND OF BUSINESS OR INDUSTRY:** Home Building

**11. BIRTHPLACE** (State or foreign country): Middletown Fred. Co. Md.

**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13. FATHER'S NAME:** David V. Summers

**14. MOTHER'S MAIDEN NAME:** Mary Catherine Schildknecht

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) No. (If Yes, give war or dates of service)

**16. SOCIAL SECURITY No.:** None

**17. INFORMANT & ADDRESS:** Charles A. Summers Boonsboro Md

**18. MEDICAL CERTIFICATION**

**I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH**

44 3X

Immediate cause (a) Generalized Arteriosclerosis — Interval Between Onset And Death: 7 years

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arterial Hypertension — 7 years

DUE TO

(c) Chronic Myocarditis — 6 years

**II. OTHER SIGNIFICANT CONDITIONS** Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION:**

**19b. MAJOR FINDINGS OF OPERATION**

**20. AUTOPSY?** Yes ☐ No ☐

**21. ACCIDENT SUICIDE HOMICIDE** (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 25, 1946, to March 25, 1953, that I last saw the deceased alive on March 24 1953, and that death occurred at 2:15 A.M., from the causes and on the date stated above.

SIGNATURE Herbert Mada (Degree or title) M.D. ADDRESS Boonsboro Md DATE SIGNED 3/26/53

**23. BURIAL, CREMATION, REMOVAL** (Specify) Burial

DATE THEREOF March 27 1953

NAME OF CEMETERY OR CREMATORY Boonsboro Cemetery

LOCATION (City, town, or county) (State) Boonsboro Wash. Co. Md

DATE REC'D BY LOCAL REGISTRAR March 27-1953

REGISTRAR'S SIGNATURE John W. Bast

**24. FUNERAL DIRECTOR** Wm. J. Bast & Sons ADDRESS Boonsboro Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A45

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

# CERTIFICATE OF DEATH

Reg. Dist. No. 301

**1. PLACE OF DEATH:**
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Md.
LENGTH OF STAY (in this place) 50 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 301 Fenton Ave

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Maryland
STREET ADDRESS (If rural, give location) 301 Fenton Ave.

**3. NAME OF DECEASED:** (Type or Print) (First) Edith (Middle) May (Last) Taylor

**4. DATE OF DEATH:** (Month) (Day) (Year) March 10 19 53

**5. SEX:** Female
**6. COLOR OR RACE:** White
**7. SINGLE, MARRIED, WIDOWED, DIVORCED,** (Specify) Widowed
**8. DATE OF BIRTH:** March 31 1874
**9. AGE last birthday:** 78 yrs. IF UNDER 1 YEAR Months 11 Days 9 IF UNDER 24 HRS. Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Housewife
**10b. KIND OF BUSINESS OR INDUSTRY:** Home
**11. BIRTHPLACE** (State or foreign country): Pennslyvania
**12. CITIZEN OF WHAT COUNTRY?** U.S.A

**13. FATHER'S NAME:** First unknown Drurey
**14. MOTHER'S MAIDEN NAME:** Unknown

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) No (If Yes, give war or dates of service) No
**16. SOCIAL SECURITY NO.:** None
**17. INFORMANT & ADDRESS:** 301 Fenton Ave. Mrs. Naomi Taylor Williamsport Md.

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 2 Days
DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION:**
**19b. MAJOR FINDINGS OF OPERATION:**
**20. AUTOPSY?** Yes ☐ No ☐

**21. ACCIDENT SUICIDE HOMICIDE** (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/8/53 19....., to 3/10/53 19....., that I last saw the deceased alive on 3/10/53 19....., and that death occurred at 8 P.....m., from the causes and on the date stated above.

SIGNATURE C. F. Young (DEGREE OR TITLE) M.D. ADDRESS Williamsport Md. DATE SIGNED 3/11/53

**23. BURIAL, CREMATION REMOVAL** (Specify): Burial
DATE THEREOF March 13-53
NAME OF CEMETERY OR CREMATORY Riverview Cemetery
LOCATION (City, town, or county) (State) Williamsport Md.

DATE REC'D BY LOCAL REG. March 12-53
REGISTRAR'S SIGNATURE E. Lee McElroy
**24. FUNERAL DIRECTOR** Edith V. Leaf ADDRESS Williamsport Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-5

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

# CERTIFICATE OF DEATH

Dr Willson

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
   COUNTY: Washington — STATE: MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
   LENGTH OF STAY (in this place): 34 Yrs
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: 528 West Wilson Blvd

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: Maryland — COUNTY: Washington
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
   STREET ADDRESS (If rural give location): 528 West Wilson Blvd

3. NAME OF DECEASED: (Type or Print) (First) JENNIE (Middle) ESTELLA (Last) TRUMPOWER

4. DATE OF DEATH: (Month) (Day) (Year) Mar 22 1953 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: July 18 1868

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Hancock Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Kinsell

14. MOTHER'S MAIDEN NAME: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
   (If Yes, give war or dates of service): -----

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs Nellie E. Leasure Hagerstown R # 3

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 443X (a) Cerebral Hemorrhage — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.: (b) Hypertension Cardiovascular Disease — DUE TO

(c)

Interval Between Onset And Death: One day / Years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid arthritis

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
   PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
   TIME OF INJURY (Month) (Day) (Year) (Hour) m.
   INJURY OCCURED While at Work ☐ Not While At Work ☐
   HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1953 to Mar., 1953, that I last saw the deceased alive on 10 Mar, 1953, and that death occurred at ..... P.M., from the causes and on the date stated above.
   SIGNATURE: J D Willson (Degree or title) M.D. ADDRESS: Hagerstown DATE SIGNED: 3/23/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
   DATE THEREOF: 3/25/53
   NAME OF CEMETERY OR CREMATORY: St Pauls Cemetery
   LOCATION (City, town, or county) (State): near Clear Springs Md
   DATE REC'D BY LOCAL REGISTRAR: Mar 25, 1953
   REGISTRAR'S SIGNATURE: Chas H. Howard
   24. FUNERAL DIRECTOR: Andrew K. Coffman Hagerstown Md ADDRESS

RECEIVED
MAR 7 1953
U. S.

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**1. PLACE OF DEATH:**
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington County Hospital

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE: Md. COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): Rolling Hill- Fountain Head

**3. NAME OF DECEASED: (Type or Print)** (First) Frederick (Middle) (Last) Ungar

**4. DATE OF DEATH:** (Month) 3 (Day) 13 (Year) 19 53

**5. SEX:** male

**6. COLOR OR RACE:** white

**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** married

**8. DATE OF BIRTH:** June 20, 1898

**9. AGE last birthday:** 54 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):** manager

**10b. KIND OF BUSINESS OR INDUSTRY:** Hager Theatre

**11. BIRTHPLACE (State or foreign country):** Philadelphia, Pa.

**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13. FATHER'S NAME:** Adolph Ungar

**14. MOTHER'S MAIDEN NAME:** Gizella Klein

**15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service):** no

**16. SOCIAL SECURITY NO.:** 158-03-6393

**17. INFORMANT & ADDRESS:** Mrs. Bertha Ungar Hagerstown, Md.

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

| | | | Interval Between Onset and Death |
|---|---|---|---|
| Immediate cause | (a) | Cerebral Thrombosis | 16 hrs. |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last | DUE TO (b) | Hypertensive Cardio Vascular Disease | 20 yrs. |
| | DUE TO (c) | | |

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. no

**19a. DATE OF OPERATION:**

**19b. MAJOR FINDINGS OF OPERATION:**

**20. AUTOPSY?** Yes ☐ No ☑

**21. ACCIDENT / SUICIDE / HOMICIDE (Specify):**
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY: M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 13 19 53 to Mar. 13, 19 53, that I last saw the deceased alive on Mar. 13, 19 53, and that death occurred at 4:30 P. m., from the causes and on the date stated above.

SIGNATURE: Clark A. Hoffman (DEGREE OR TITLE) M.D. ADDRESS: 214 N. Potomac St. Hagerstown, Md. DATE SIGNED:

**23. BURIAL, CREMATION, REMOVAL (Specify):** burial — DATE THEREOF: 3-15-53 — NAME OF CEMETERY OR CREMATORY: Hebrew — LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR: Mar 15, 1953 — REGISTRAR'S SIGNATURE: Chas. H. Bowers

**24. FUNERAL DIRECTOR** ADDRESS: Fred W. Kraiss Hagerstown, Md.

VS. A15

MAR 17 1953

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 303

1. PLACE OF DEATH: COUNTY Washington. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rt. Hagerstown
LENGTH OF STAY (in this place) 18. Mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gate Way Convalesent Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hancock Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Lewis (Middle) Edgar (Last) Weaver
4. DATE OF DEATH: (Month) 3. (Day) 22 (Year) 1953

5. SEX: Male.
6. COLOR OR RACE: White.
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH: June 21. 1898
9. AGE last birthday: 55 yrs. If under 1 year: Months 10. Days ___ If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Owner.
11. BIRTHPLACE (State or foreign country): Fulton County Penna.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Abner Weaver
14. MOTHER'S MAIDEN NAME: Annie Shives.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) No.
16. SOCIAL SECURITY No. 220-18-1138
17. INFORMANT AND ADDRESS: Mrs Gertie Weaver Hancock Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Multiple Sclerosis — Interval Between Onset and Death: 2 years.

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 15, 1952, to Mar 22, 1953, that I last saw the deceased alive on Mar 21, 1953, and that death occurred at 9:17 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
David L. Brewer M.D. Clear Spring Md. 3/24/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial.
DATE THEREOF 3.25.53
NAME OF CEMETERY OR CREMATORY Tonoloway Baptist Cemetery
LOCATION (City, town, or county) (State) Hancock Washington MD

DATE REC'D BY LOCAL REG. 3-25-53
REGISTRAR'S SIGNATURE Lucy M. Fockler Deputy Local
24. FUNERAL DIRECTOR ADDRESS Howard F. Hose Hancock Md

RECEIVED
APR 9 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY Washington MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (In this place) Life | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS 1336 Salem Avenue | STREET ADDRESS (If rural, give location) 1336 Salem Avenue |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) Olive | (Middle) Viola | (Last) Weddle | 4. DATE OF DEATH | (Month) Mar. | (Day) 31 | (Year) 1953 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH 2-10-1890 | 9. AGE last birthday 63 yrs. | If under 1 year Months 1 | Days 21 | If under 24 hrs. Hours / Min. |

| | | | |
|---|---|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H[redacted]ewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Hagerstown, Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13. FATHER'S NAME Daniel Rice | | 14. MOTHER'S MAIDEN NAME Marry Potts | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. NONE | 17. INFORMANT AND ADDRESS Samuel J. Weddle, Hagerstown, Maryland | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Vascular Hypertension

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) acute coronary occlusion

(26 a) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes M.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) None m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐

SIGNATURE S. Robert Mells M.D. (Degree or title) DEPUTY MEDICAL EXAM WASH. CO. MD. ADDRESS Hagerstown, Md. DATE SIGNED 4.2.53

| | | | |
|---|---|---|---|
| [illegible] CLASSIFICATION (Specify) Burial | DATE THEREOF 4-3-1953 | NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery | LOCATION (City, town, or county) (State) Hagerstown, Maryland |
| DATE RECD BY LOCAL Apr. 3, 1953 | REGISTRAR'S SIGNATURE Chas H Bowers | 24. FUNERAL DIRECTOR C. M. Suter & Sons, Hagerstown, Md. | ADDRESS |

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct ... especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 6
BUP

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 30 Le

1. PLACE OF DEATH: COUNTY Washington; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cascade; LENGTH OF STAY (in this place) 7yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cascade
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Franklin (Last) West

4. DATE OF DEATH: (Month) March (Day) 21 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: Jan. 9, 1881

9. AGE last birthday: 72 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Retired Asst. Foreman, Bethlem Steel

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Hantz Md.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Wm. West

14. MOTHER'S MAIDEN NAME: Margaret Ott.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)

16. SOCIAL SECURITY NO. 216-10-2892

17. INFORMANT AND ADDRESS: Minnie West, Cascade, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fractures skull(closed) & shock — Interval Between Onset and Death: 3 min.

Antecedent cause(s) Disease or conditions if any, giving rise to the above cause stating the underlying cause last. (b) Fractured rt& left tibia & fibula(closed) Fractured ribs (closed)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

WAS INJURY (ACCIDENTAL, SUICIDAL OR HOMICIDAL) PRIMARY OR CONTRIBUTING CAUSE OF DEATH: ☑

PLACE (Home, farm, factory, street, office bldg., etc.): Highfield

(CITY OR TOWN) Wash. (COUNTY) Md. (STATE)

TIME OF INJURY: Month (Day) (Year) 3--21-53 Hour 7:10 P

INJURY OCCURRED While at work / Not while at work ☑

HOW DID INJURY occur? STRUCK BY PARKED CAR WHICH HAD BEEN RAMMED IN REAR BY ONCOMING VEHICLE.

22. I saw [illegible] but I took charge [illegible] Autopsy ☑ Inspection ☑, Inquiry thereon and from the evidence [illegible] Autopsy Inspection, I pronounce deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident ☑, suicide , homicide , undetermined .

SIGNATURE: S. Robert Wello M.D. DEPUTY MEDICAL EXAM WASH. CO., MD.

ADDRESS: Hagerstown, Md.

DATE SIGNED: Mar/22/53

FINAL DISPOSITION (Burial, Cremation or removal. Specify): Burial

DATE: 3/25/53

CEMETERY OR CREMATORY: Bethel

LOCATION (City, town, or county) (State): Cascade Md.

DATE RECEIVED BY LOCAL REGISTRAR: Mar 23-53

REGISTRAR'S SIGNATURE: Geo. W. Ferguson

24. FUNERAL DIRECTOR: Walter J. Gore

ADDRESS: Waynesboro Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE ONLY, WITH UNFADING INK. Supply every item of information carefully and legibly. Especially important: Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 302

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY Washington MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Washington |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) 52 yrs. | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS 230 East Ave., | STREET ADDRESS (If rural, give location) 230 East Ave., |

3. NAME OF DECEASED: (Type or Print) (First) Hallie (Middle) (Last) Wilhide

4. DATE OF DEATH: (Month) 3 (Day) 9 (Year) 19 53

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Apr. 18, 1870

9. AGE last birthday: 82 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): homeduties

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Frederick, Md.

12. CITIZEN OF WHAT COUNTRY? U.S..A.

13. FATHER'S NAME: Horatio Waters

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Jacob M. Wilhide Hagerstowh, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 331X

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Cerebral Hemorrhage | 3 days |
| DUE TO | | |
| Antecedent cause(s) | (b) Arteriosclerosis | Years |
| DUE TO | | |
| Diseases or conditions, if any, giving rise to the above cause stating underlying cause last | (c) Hypertension | Years |

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 6th, 1953, to March 9th, 1953, that I last saw the deceased alive on March 8th, 1953, and that death occurred at 4 A.m., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) MD ADDRESS Hagerstown Md DATE SIGNED 3/9/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 3-11-53 — NAME OF CEMETERY OR CREMATORY Middletown Lutheran — LOCATION (City, town, or county) Middletown (State) Md.

DATE REC'D BY LOCAL REG. Mar. 10. 1953 — REGISTRAR'S SIGNATURE [signature] — 24. FUNERAL DIRECTOR Fred W. Kraiss — ADDRESS Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 8-5

MAR 12 1953

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Dr Hocklander

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 10 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 672 Virginia Ave

3. NAME OF DECEASED: (Type or Print) (First) EDITH (Middle) HEYSER (Last) WILLIAMS

4. DATE OF DEATH: (Month) Mar (Day) 16 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH: Feby 9 1878
9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Hagerstown Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ephram Snyder
14. MOTHER'S MAIDEN NAME: Martha Heyser

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ---
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs Henrietta Dobbins Buffalo Ny

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

199.1

Immediate cause (a) Carcinomatosis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death: 6 months

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive cardiovascular disease c̄ decompensation — 3 yrs

19a. DATE OF OPERATION: 6 March 53
19b. MAJOR FINDINGS OF OPERATION: Generalized carcinomatosis of abdomen
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5 Mar., 1953, to 16 March, 1953 that I last saw the deceased alive on 16 Mar., 1953, and that death occurred at 11 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) Eldon G Hocklander MD
ADDRESS Hagerstown Md
DATE SIGNED 3/17/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3/19/53
NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery
LOCATION (City, town, or county) (State) Hagerstown Md.
DATE REC'D BY LOCAL REGISTRAR Mar. 18, 1953
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR Andrew K. Coffman
ADDRESS Hagerstown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MAR
BU

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-53

**1. PLACE OF DEATH:**
COUNTY: Washington
MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 400 Elizabeth Ave.

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE: Md. COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 400 Elizabeth Ave

**3. NAME OF DECEASED (Type or Print):** (First) Judith (Middle) Ann (Last) Winters

**4. DATE OF DEATH:** (Month) March (Day) 28 (Year) 1953

**5. SEX:** Female

**6. COLOR OR RACE:** White

**7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):** Single

**8. DATE OF BIRTH:** Nov. 21, 1952

**9. AGE last birthday:** yrs.
IF UNDER 1 YEAR: Months 4 Days 7
IF UNDER 24 HRS.: Hours Min.

**10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):** None

**10b. KIND OF BUSINESS OR INDUSTRY:** None

**11. BIRTHPLACE (State or foreign country):** Hagerstown Md.

**12. CITIZEN OF WHAT COUNTRY?**

**13. FATHER'S NAME:** Harry J. Winters

**14. MOTHER'S MAIDEN NAME:** Thelma Minnick

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no or unk.) No

**16. SOCIAL SECURITY NO.:** (If Yes, give war or dates of service) ---

**17. INFORMANT & ADDRESS:** Harry J. Winters Hag. Md.

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Bronchopneumonia — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) — DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH: 12 hours

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death: Spina bifida, with Meningomyelocele & Hydrocephalus

**19a. DATE OF OPERATION:**

**19b. MAJOR FINDINGS OF OPERATION:**

**20. AUTOPSY?** Yes ☐ No ☐

**21.** ACCIDENT (Specify) / SUICIDE / HOMICIDE — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 19.52., to March 14., 19.53., that I last saw the deceased alive on 14 March 19.53., and that death occurred at 7.30 A.m., from the causes and on the date stated above.

SIGNATURE: A. M. Bacon Jr. (DEGREE OR TITLE) M.D. ADDRESS 318 N. Potomac Hagerstown Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Mar. 29, 1953 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery — LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REG.: Mar. 28, 1953 — REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: Scott F. Minnich & Son Hag. Md. ADDRESS

20V2192404

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03380

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**1. PLACE OF DEATH:**
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (In this place) 36 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Md.
STREET ADDRESS (If rural, give location) 13 Conococheague St.

**3. NAME OF DECEASED:** (Type or Print) (First) Harry (Middle) McGill Wade (Last) Wissinger

**4. DATE OF DEATH:** (Month) March (Day) 12 (Year) 1953

| 5. SEX: | 6. COLOR OR RACE: | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH: | 9. AGE last birthday: | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | Married | Aug. 30 1883 | 69 yrs. | 6 | 2 | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Watchman | Mill Federal Silk | Boonsboro Maryland | USA |

**13. FATHER'S NAME:** Joseph A Wissinger

**14. MOTHER'S MAIDEN NAME:** Susan Martz

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: |
|---|---|---|---|
| NO | No | 214-14-6160 | Mrs. Mary E. Wissinger 13 S. Conococheague Md Williamsport |

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Cerebral Hemorrhage | 11 days |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last | DUE TO (b) Arteriosclerosis | (2) |
| | DUE TO (c) | |

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☐ |
|---|---|---|
| | | |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME (Month) (Day) (Year) (Hour) OF INJURY | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| M. | | |

22. I hereby certify that I attended the deceased from Feb. 20., 1953, to Mar 2., 1953, that I last saw the deceased alive on Mar. 1, 1953, and that death occurred at 10.25 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

M.D. Williamsport Md. 3/3/53

| 23. BURIAL, CREMATION REMOVAL (Specify): | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | March 4 1953 | Greenlawn Cemetery | Williamsport Md. |

| DATE REC'D BY LOCAL REGISTRAR | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS |
|---|---|---|
| Mar. 31 1953 | Chas H Bowers | Albert Leaf Williamsport Md. |

VS. A15 8-53

RECEIVED
MAR 5 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03381

# CERTIFICATE OF DEATH

Reg. Dist. No. 306

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Rural (giving nearest town) Smithsburg
LENGTH OF STAY (in this place) 42 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Smithsburg Rt. 1

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Smithsburg
STREET ADDRESS (If rural give location) Smithsburg Rt. 1

3. NAME OF DECEASED: (Type or Print) (First) Albert (Middle) M (Last) Wolfe

4. DATE OF DEATH: (Month) Mar. (Day) 6 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: May 29, 1872

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Frederick County Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Wolfe

14. MOTHER'S MAIDEN NAME: Malinda Stottlemyer

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Alice Wolfe Smithsburg Rt.1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

492X

Immediate cause (a) Virus pneumonitis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Old age; generalized arteriosclerosis

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY — m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 1, 1953, to Mar 6, 1953, that I last saw the deceased alive on March 4 1953, and that death occurred at 2:30 AM, from the causes and on the date stated above.

SIGNATURE Walter L Wolfinger (Degree or title) M. D. ADDRESS 122 So Broad St., Waynesboro Pa DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Mar. 8, 1953 NAME OF CEMETERY OR CREMATORY Pleasent Valley LOCATION (City, town, or county) Smithsburg Rt. 1 (State) Md.

DATE REC'D BY LOCAL REGISTRAR Mar 7-53 REGISTRAR'S SIGNATURE Geo. W Ferguson

24. FUNERAL DIRECTOR Scott F. Minnich & Son ADDRESS Smithsburg Md.

RECEIVED
MAR 10 1953
BUREAU V. S.